

Advance Registration Application

ISMRM Eleventh Scientific Meeting and Exhibition, 10 - 16 May, 2003

SMRT Twelfth Annual Meeting, 9 - 11, 2003

DEADLINE FOR ADVANCE REGISTRATION IS 28 MARCH 2003. ON-SITE FEES WILL BE CHARGED AFTER THIS DATE.

1. REGISTRATION INFORMATION

Honorific (circle): Dr. Prof. Mr. Ms. Mrs. Other _____

M.D. Ph.D.

Family Name First Middle Degree

Institution, City, State/Province, Country (as you wish them to appear on name badge)

Complete Mailing Address

City State/Province Zip+4/Postal Code Country

Telephone Fax E-mail Address

- Is this a new address? Yes No
 Are you a member of ISMRM or SMRT? Yes No
 Have you included verification of student status? Yes No
 Check here if you are disabled and require assistance. Yes No

2. REGISTRATION FEE

Please register me for the following program (please enter code from page 26, name of program, and fee):

US\$

3-DIGIT CODE PROGRAM TITLE FEE

If your registration includes the **Weekend Educational Programs** you may attend any weekend educational course of your choice. Please indicate (at right) the educational course(s) you plan to attend. Please check all that apply:

- Neuroimaging
 Advanced Body MRI
 Cardiac Imaging
 MR Spectroscopy: Basics and Clinical Applications
 MR Spectroscopy: Frontier Methodology and Applications
 Sports Medicine MRI: Clinical and Technical Update
 MR Physics for Physicists
 RF Bootcamp
 Brain Function and fMRI
 Transgenics/Omics
 MR Angiography

3. PAYMENT OPTIONS

You may register by mail, phone, or fax with your credit card.

US\$ _____
TOTAL PAYMENT AMOUNT

You may also register online at our secure website <http://www.ismrm.org>

Charge fees to my: Visa MasterCard AMEX (No other credit cards will be accepted).

US\$ _____
AUTHORIZED AMOUNT (Required)

Card Number Expiration Date (Required)

Cardholder Name (Print clearly) Signature of Cardholder (Required)

Billing Street Address (Required) Billing Zip+4/Postal Code (Required)

Check enclosed (personal, bank, institution in US\$ only). Make checks payable to:

International Society for Magnetic Resonance in Medicine or ISMRM

Mail this form with your check to: **ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690, USA**

Fax this form with your credit card information to: +1 510 841 2340 or

Register online at: <http://www.ismrm.org>

Registration will not be processed without payment. Keep a copy for your records. FEIN # 23-2722507