

**ENROLLMENT APPLICATION**  
**SMRT Greater Saint Louis Chapter Meeting**  
**O'Fallon, IL, USA \* 4 October 2014**

**STEP 1: REGISTRATION**

Gender: ☐ Male ☐ Female  
☐ Mr. ☐ Mrs. ☐ Ms.

Family Name : First/ Given Name: Middle Name: Degree:

Institution:

City: State: Zip+4 Postal Code: Country:

**STEP 2: MAILING/ CONTACT INFORMATION**

This address is for: ☐ Work ☐ Home This is new contact information: ☐ YES ☐ NO

Street Address City

State/Province Zip+4 Postal Code Country

Phone FAX Email

**STEP 3: FEES**

Technologist	US\$50.00
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**STEP 4: How did you learn about this seminar?** ☐ brochure ☐ associate ☐ journal ad ☐ web ☐ email

**STEP 5: PAYMENT OPTIONS**

Please charge registration fee to my: ☐ VISA ☐ AMEX ☐ MasterCard ☐ Discover

Cardholder's Name Cardholder's Signature

Billing Street Address (required) City State Postal Code/Country

Card Number: Security Code: Expiration Date: **Payment Amount: US\$**

**STEP 6: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340**

Register by Mail: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690 USA

**REFUNDS/CANCELLATIONS:** To cancel registration, you must request a refund in writing by **1 October 2014** and will be subjected to a **20% cancellation fee**. No refunds can be granted for cancellation after this date.