

FOR OFFICE USE ONLY
WS42
ID#: _____

ENROLLMENT APPLICATION
ISMRM Workshop on Magnetic Resonance Imaging of Cardiac Function
17-20 August • New York, NY, USA

STEP 1: REGISTRATION

Honorific and gender: Male Female M.D. M.D. Candidate Ph.D. Ph.D. Candidate Prof. RT Other: _____

Family Name First/ Given Name Middle Name

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

Work Phone Home Phone Mobile Email

STEP 3: SPECIAL REQUESTS

I have a disability and require assistance. Please send me an invitation letter for the purpose of obtaining a visa.
 I have a special dietary requirement. Please explain any special dietary requirements:

ISMRM makes its attendee list available to our regional seminar supporters. If you DO NOT wish to be included, check here

STEP 4: FEES (DOES NOT INCLUDE ACCOMMODATION)

Registration Fees include: Workshop registration and materials 3 lunches All morning/afternoon coffee/snack breaks during the workshop	Please Check One:		Early (by 24 July)		Late (after 24 July)
	Member*	<input type="checkbox"/>	US \$700.00	<input type="checkbox"/>	US \$800.00
	Nonmember	<input type="checkbox"/>	US \$800.00	<input type="checkbox"/>	US \$900.00
	Trainee Member** **	<input type="checkbox"/>	US \$300.00	<input type="checkbox"/>	US \$300.00
	Trainee Nonmember **	<input type="checkbox"/>	US \$400.00	<input type="checkbox"/>	US \$400.00
<p>* To qualify for the member or trainee member rate, your 2017 membership dues must be paid before you register. ** Trainees include postdocs, residents, fellows, and technologists</p>					

STEP 5: TRAINEE VERIFICATION* (Required for all trainees registering as nonmembers)

Supervisor's Name: Institution Name:

Supervisor's Phone: Supervisor's Email:

STEP 6: How did you learn about this workshop? brochure associate journal ad web email

STEP 7: PAYMENT OPTIONS (FEES MUST BE PAID IN US DOLLARS)

Check enclosed (personal, bank, institution) in US dollars made payable to ISMRM.
 Credit Card: 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 **US\$** Payment Amount

STEP 8: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340

Register by Mail: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690 USA
Registration Information: Telephone: +1 510 841 1899 Email: registrar@ismrm.org Website: http://www.ismrm.org

All registration cancellation requests must be received via email only at registrar@ismrm.org by 24 July 2017. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 05 January 2017 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER.** Absolutely no exceptions will be made.