FOR OFFICE USE ONLY
WS36
ID#:_____

ENROLLMENT APPLICATION
ISMRM Workshop on Molecular & Cellular MRI: Focus on Integration
08-11 June 2016 • Amsterdam, The Netherlands

STEP I: 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

Phone | FAX | Email

STEP 3: SPECIAL REQUESTS

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

STEP 4: FEES

Registration Fees include:
Workshop registration and materials
3 nights' accommodation (evenings of the 8th, 9th, 10th)
3 lunches
All morning/afternoon coffee/snack breaks during the workshop

Please Check One:		Early (by 04 May)		Late (after 04 May)
Member	□	US $1850.00	□	US $1950.00
Nonmember	□	US $2000.00	□	US $2100.00
Trainee Member**	□	US $1450.00	□	US $1450.00
Trainee Nonmember**	□	US $1500.00	□	US $1500.00

*** Trainees include postdocs, residents, fellows, and technologists*

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

US$

Card Number | Security Code | Expiration Date | **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

REFUNDS/CANCELLATIONS: To cancel registration, you must request a refund in writing by **04 May 2016**. Your fee will be refunded, less a US $100 processing charge. Refunds will not be granted for cancellation after this date.