

## ENROLLMENT APPLICATION

ISMRRM Workshop on Osteoarthritis Imaging (11th International Workshop on Osteoarthritis Imaging)  
01-03 June 2017 • Sydney, NSW, Australia

### 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:

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

### STEP 4: FEES

<b>Registration Fees include:</b> <i>Workshop registration and materials, Accommodations for the nights of 01, 02 and 03 June, 3 lunches and 1 dinner, Breakfasts are included only for attendees staying at the Marriott, and all morning/evening coffee/snack breaks during the workshop.</i>	Please Check One:		Early (by 01 May)		Late/Onsite (after 01 may)
	Member	<input type="checkbox"/>	US \$1450.00	<input type="checkbox"/>	US \$1550.00
	Nonmember	<input type="checkbox"/>	US \$1750.00	<input type="checkbox"/>	US \$1850.00
	Trainee Member**	<input type="checkbox"/>	US \$950.00	<input type="checkbox"/>	US \$950.00
	Trainee Nonmember**	<input type="checkbox"/>	US \$1150.00	<input type="checkbox"/>	US \$1150.00

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

**REQUIRED OF ALL REGISTRANTS:** Please provide your arrival / departure dates:

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

### 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  
Registration Information: Telephone: +1 510 841 1899 Email: [registrar@ismrm.org](mailto:registrar@ismrm.org) Website: <http://www.ismrm.org>

**REFUNDS/CANCELLATIONS:** To cancel registration, you must request a refund in writing by **08 May 2017** and will be subjected to a 20% cancellation fee. Refunds will not be granted for cancellation after this date.