

FOR OFFICE USE ONLY
WS41
ID#: _____

ENROLLMENT APPLICATION

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

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
------	----------------	-------------------	---------

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

Registration Fees include: 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.	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 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.