

SCMR/ISMRM Jointly Sponsored Workshop Accelerated CMR: Towards Comprehensive Clinical Cardiovascular Imaging Hilton New Orleans, New Orleans, Louisiana Thursday, January 16, 2014

# **REGISTRATION FORM**

For additional information or assistance with this form, telephone: 856-423-8955 option 2. FAX completed form to SCMR Registration: 856-423-3420.

## Save time -- register on line at www.scmr.org

| First (Given) Name M.                                    | Ι.                                | Last (Family Name)       | Name o                                 | n Badge  |  |
|--|-----------------------------------|--------------------------|--|----------|--|
| Affiliation (Employer)                                   | Position/Title                    |                          | Degree                                 |          |  |
| Business Address   | City                              | State/Province           | Country                                | Zip Code |  |
| Business Telephone                                       | Fax Number                        | Email Address            |  |          |  |
| SCM  | R/ISMRM Jointly Sponsor           | ed Workshop Registration | n Fees                                 |          |  |
|  | On or before<br>December 16, 2013 |                          | After December 16, 2013<br>and On-Site |          |  |
| □ SCMR/ISMRM Member (MD/PhD)*                            | \$300.00                          | \$35                     | 0.00                                   | \$       |  |
| □ SCMR/ISMRM Member (Trainee)*                           | \$150.00                          | \$20                     | 00.00                                  | \$       |  |
| SCMR/ISMRM Member (Technologist/Allied Health)* \$150.00 |                                   | \$20                     | 00.00                                  |          |  |
| □ Non-member (MD/PhD)                                    | \$375.00                          | \$42                     | 5.00                                   | \$       |  |
| □ Non-member (Trainee/Technologist)                      | \$200.00                          | \$25                     | 60.00                                  | \$       |  |

### Combined Registration Fees for SCMR/ISMRM Workshop plus Scientific Sessions

Attending the SCMR Scientific Sessions on January 17-19, 2014? Members of both SCMR and ISMRM receive a discount off the registration fees for the 2014 SCMR Scientific Sessions.

| □ SCMR/ISMRM Member (MD/PhD)*             | \$825.00         | \$950.00  | \$ |
|---|------------------|-----------|----|
| SCMR Courtesy Membership (MD/PhD)         | \$1095.00        | \$1220.00 | \$ |
| □ SCMR/ISMRM Member (Trainee)*            | \$325.00         | \$425.00  | \$ |
| SCMR/ISMRM Member (Technologist/Allied He | ealth)* \$325.00 | \$425.00  | \$ |
| □ Non-member (MD/PhD)                     | \$1300.00        | \$1425.00 | \$ |
| 🖵 Non-member (Trainee)                    | \$625.00         | \$725.00  | \$ |
| Non-member (Technologist/Allied Health)   | \$600.00         | \$700.00  | \$ |
|   |                  | Total**   | \$ |

□ Special Institutional Group Discount: For every five paid regular registrations from the same institution, one complimentary member trainee or technologist registration will be offered. Online registration for the special institutional group discount is not available. All forms from the group must be submitted together via fax: +856-423-3420 or email: SCMRmtg@talley.com.

#### Note:

\*SCMR membership renewal dues for 2014 must be paid by December 31, 2013 to receive the Member Rate for registration to the 17th Annual SCMR Scientific Sessions. Your credit card will be charged the Member/Non-Member difference if your renewal has not been processed by December 31, 2013.

## METHODS OF PAYMENT

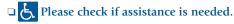
Registration will not be processed without payment.

□ Enclosed is a check **payable to SCMR**. Checks must be payable in U.S. Dollars and issued by a U.S. correspondent bank. Please check with your local bank before sending payment. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.

Note: Registrations paid by credit card may be faxed to 856-423-3420. Keep a copy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card.

\*\*Note: SCMR reserves the right to charge the correct amount if different from total.

□ Please check here to authorize SCMR to make your email address available to exhibitors at the 2014 SCMR Scientific Sessions.



## CANCELLATION POLICY

All registration cancellation requests must be received via fax (856-423-3420), email (SCMRmtg@talley.com) or in writing to SCMR Registration, 19 Mantua Road, Mt. Royal, NJ 08061 and postmarked no later than **December 16, 2013**. Fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after the December 16, 2013 deadline**.

I wish to pay my fees by credit card. Please note: this charge will appear on your statement as "SCMR Reg".

American Express (15 digits) MasterCard (16 digits) Visa (13-16 digits)

Expiration Date \_\_\_\_/\_\_\_

Name on Card (please print):\_\_\_

\_\_\_\_Authorizing Signature: \_\_\_\_

RETURN THIS COMPLETED FORM WITH PAYMENT TO: SCMR REGISTRATION 19 Mantua Road, Mt. Royal, NJ 08061 • Fax: 856-423-3420