



## 2012 Exhibitor

**Exhibitor Registration Form** (Page 1 of 2)

**DEADLINE: 09 March 2012**

**Please complete both pages**

**PLEASE NOTE: All badges are only available for onsite pick up.**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Company name EXACTLY as it should appear on badge:**

\_\_\_\_\_

ATTENDEE NAME COMPANY NAME COMPANY LOCATION

SAMPLE BADGE

\_\_\_\_\_  
Signature of Official Representative

**Please fax or mail completed forms to:**

Melisa Martinez, Meetings Department  
International Society for Magnetic Resonance in Medicine  
2030 Addison Street, Suite 700, Berkeley, CA 94704 USA  
Phone: +1 (510) 841-1899 Fax: +1 (510) 841-2340

Email: [Melisa@ismrm.org](mailto:Melisa@ismrm.org)

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