



24th Annual Meeting
& Exhibition • 07–13 May 2016
SMRT 25th Annual Meeting • 07–08 May 2016
SINGAPORE
www.ismrm.org • www.smrt.org
REDUCED REGISTRATION FEES & BEST HOTEL RATES IF PAID BY:
21 MARCH 2016

REGISTRATION FORM 2016

Return form to: ISMRM, P.O. Box 45690, San Francisco, CA 94145–0690, USA
Fax: +1 510 841 2340

Register by 21 March 2016 and Save!
Register online: www.ismrm.org/16

STEP 1: MEETING BADGE INFORMATION Meeting materials will NOT be mailed. Badges and materials will be available at the pre-registration counter in Singapore.

HONORIFIC: M.D., M.D. Cand., Ph.D., Ph.D. Cand., Professor, Other: _____ Professional Classification: Clinical Science Basic Science
 Male Female Date of Birth: (optional) _____ ISMRM/SMRT MEMBER # _____
Family Name: _____ First/Given Name: _____ Middle Name: _____
National Provider ID #: (USA MDs only) _____ Institution: _____
City/State/Province/Country: _____

STEP 2: MAILING/CONTACT INFORMATION

This address is for Work Home Is this new contact information? Yes No
Street Address: _____ City: _____
State/Province: _____ Postal/Zip Code: _____ Country: _____
Phone: _____ Fax: _____ Email: _____

STEP 3: TRAINEE VERIFICATION (*Required for all trainees, post docs and technologists who are registering as non-members)

Supervisor's Name: _____ Institution Name: _____
Supervisor's Phone: _____ Supervisor's E-mail: _____

STEP 4: ATTENDANCE INFORMATION: Is this your first time at an ISMRM or SMRT Annual Meeting? YES NO

How did you hear about this meeting? PRINT ABSTRACT PRESENTER ASSOCIATE JOURNAL AD WEB EMAIL OTHER: _____

I have a disability & require assistance. Send me an invitation letter for the purpose of obtaining a visa.

The ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO NOT wish to be included, check here:

STEP 5: PROGRAM OPTIONS AND FEES (Register by 21 March 2016 and save!)

Program Options: PLEASE CHECK ONE BOX

7-Day Program fees include an electronic version of the ISMRM program book, an enhanced itinerary builder, mobile applications and a program-at-a-glance booklet. 5-Day Program fees include an enhanced itinerary builder, mobile applications and a program-at-a-glance booklet.

Program Options	ISMRM Member Fee	ISMRM Non-Member Fee	ISMRM Trainee, Post Doc, & Associate Member Fee	Trainee Non-Member Fee* *Supervisor's info required
ISMRM 7-Day Program 07–13 May 2016	<input type="checkbox"/> US \$1050 After 21 March: <input type="checkbox"/> US \$1155	<input type="checkbox"/> US \$1660 After 21 March: <input type="checkbox"/> US \$1760	<input type="checkbox"/> US \$475 After 21 March: <input type="checkbox"/> US \$575	<input type="checkbox"/> US \$740 After 21 March: <input type="checkbox"/> US \$845
ISMRM 5-Day Program 09–13 May 2016	<input type="checkbox"/> US \$840 After 21 March: <input type="checkbox"/> US \$940	<input type="checkbox"/> US \$1340 After 21 March: <input type="checkbox"/> US \$1440	<input type="checkbox"/> US \$340 After 21 March: <input type="checkbox"/> US \$440	<input type="checkbox"/> US \$450 After 21 March: <input type="checkbox"/> US \$550

STEP 6: CONFIRM YOUR REGISTRATION FEE: **TOTAL FEE: US \$** _____

STEP 7: PAYMENT INFORMATION: To pay by credit card, please complete below: Visa MasterCard American Express Discover

Cardholder's Name: (Required) _____

Credit Card #: (Required) _____ Expiration Date: (Required) _____

Cardholder Signature: (Required) _____ Credit Card Security Code: (Required) _____

Billing Address: (Required) _____ Billing Zip/Postal Code: (Required) _____

Refunds/Cancellations: A refund of the registration fee, less US \$100 administrative charges, will be made for any program when a written request is received in the ISMRM office on or before 21 March 2016. NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. *Absolutely no exceptions will be made.*