



**24th Annual Meeting
& Exhibition • 07–13 May 2016**
 SMRT 25th Annual Meeting • 07–08 May 2016
SINGAPORE
 www.ismrm.org • www.smrt.org



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.