

STEP 1: BADGE & CONTACT INFORMATION:

HONORIFIC: M.D., M.D. Candidate, Ph.D., Ph.D. Candidate, Professor, RT, Other: _____

Professional Classification: Clinical Science Basic Science

Gender: _____ Prefer Not to Say Date of Birth: (optional) _____ ISMRM/SMRT MEMBER # _____

Last/Surname: _____ First/Given Name: _____ Middle Name: _____

National Provider ID #: (USA MDs only): _____

Institution: _____

City/State/Province/Country: _____

This address is for: Work Home Is this new contact information? Yes No

Street Address: _____ City: _____ State/Province: _____ Postal/Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email: _____

STEP 2: EVENT-SPECIFIC INFORMATION:

The ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO wish to be included, check here:

How did you hear about this meeting?:

I am an Abstract Presenter Colleague Email Facebook Flyer Website Journal Ad LinkedIn Twitter Other: _____

STEP 3: PROGRAM OPTIONS AND FEES:

Registrant Type	ISMRM Full	ISMRM Trainee/Associate/Emeritus SMRT Member/Technologists/Radiographers	Notes
Member	<input type="checkbox"/> \$250.00USD	<input type="checkbox"/> \$150.00USD	* To qualify for an ISMRM or SMRT Member rate, your 2020 membership dues must be paid.
Non-Member	<input type="checkbox"/> \$530.00USD	<input type="checkbox"/> \$330.00USD	** Non-member trainees & technologists/radiographers must provide verification of their current status to receive the reduced fee.

STEP 4: CONFIRM YOUR REGISTRATION FEE:

TOTAL REGISTRATION FEE: US \$

STEP 5: NONMEMBER TRAINEE and NOMEMBER TECHONOLGIST/RADIOGRAPHER VERIFICATION:

(*Required for all trainees, postdocs and technologists who are registering as non-members.)

Supervisor's Name: _____ Institution Name: _____

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

STEP 6: PAYMENT INFORMATION: (Purchase orders will not be accepted as payment.)

Check (in US dollars drawn on a US bank made payable to ISMRM): Check Number: _____ Amount: \$ _____

To pay by credit card, please complete below: Visa MasterCard AMEX 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) _____

All registration cancellation requests must be received via email only at registrar@ismrm.org by 23 July 2020. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 23 July 2020 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.