



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

Degrees: M.D., M.D. Cand., Ph.D., Ph.D. Cand., Professor Other: _____ Professional Classification: Clinical Science Basic Science

Gender: _____ Prefer Not To Say Date of Birth: (optional) _____ Profile # _____

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

How do we pronounce your name?: (Jakob Kjellman [YA-kob KYEL-man]) _____ What are your preferred pronouns?: _____

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:

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

Are you bringing a guest? Name, country of residence & relationship to attendee: _____

I have a disability and require assistance. I have a special dietary requirement/food allergy: _____

Please send me an invitation letter for the purpose of obtaining a visa. Is this your first time at an ISMRM or ISMRT Annual Meeting?: Yes No

How did you hear about this meeting?: I am an Abstract Presenter Colleague Email Facebook Flyer Website Journal Ad LinkedIn Twitter

In case of emergency, contact: Spouse Immediate Family Friend

Emergency contact full name: _____ Phone (numbers only, no dashes): _____

STEP 3: PROGRAM OPTIONS & FEES: *Register by 04 April 2024 and save!*

The ISMRM & ISMRT Annual Meeting & Exhibition registration entitles registrants to either in-person or online access to the meeting (depending on registration type selected), the Proceedings of the meeting, and the Technical Exhibition. In addition, advance registrants for the Annual Meeting will have access to the Proceedings two weeks before the meeting via the ISMRM website. More information on this will be sent to the registrants in May 2024.

Clinical Focus Meeting 3-Day, Sunday-Tuesday, 05-07 May 2024 PROGRAM OPTIONS	ISMRM Full Member Fee*	Non-Member Fee	ISMRM Trainee & Emeritus Member Fee	Trainee Non-Member Fee (Supervisor's information required)**
IN-PERSON	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$525.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$585.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$831.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$891.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$237.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$297.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$369.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$429.00
VIRTUAL ONLY	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$262.50 <input type="checkbox"/> Late rate (After 04 April 2024): US\$290.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$415.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$440.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$120.00 <input type="checkbox"/> Late rate (After April 2024): US\$145.00	<input type="checkbox"/> Regular rate (Before 04 April 2024): US\$185.00 <input type="checkbox"/> Late rate (After 04 April 2024): US\$210.00

*To qualify for an ISMRM Member rate, your 2024 membership dues must be paid.

**Non-member trainees and 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: TRAINEE VERIFICATION: (*Required for all trainees who are registering as non-members.)

Supervisor's Name: _____ Institution Name: _____

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

NEW **By checking the box you agree to our Attendee Code of Conduct Policy:** (I Agree to ISMRM Code of Conduct Policy.)

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

Check enclosed (in US dollars drawn on a US bank made payable to ISMRM):

Check Number: _____ Amount: \$ _____

Invoice Requested (Complete Steps 1-5 and email form to registrar@ismrm.org for an invoice to be sent to you.)

All registration cancellation requests must be received via email only at registrar@ismrm.org by 04 April 2024. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 04 April 2024 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.

PLEASE READ CAREFULLY. BY REGISTERING FOR THE EVENT, YOU ACCEPT OUR ATTENDANCE CODE OF CONDUCT.

The ISMRM & ISMRT (“The Society”) aim to promote research, development, education and policy formation in the area of magnetic resonance in medicine and biology and related topics. The Society is a diverse society of trainees and professionals from across the world, with widely varying availability of resources and differing issues in the practices of medicine and research. We expect all members to promote an inclusive and supportive environment at the annual meeting that encourages sharing of ideas and collaboration, through these and similar behaviors:

- Engaging with people from different regions, backgrounds, levels of training, subspecialty areas of expertise, and career level.
- Being respectful of different viewpoints, experiences, and approaches.
- Accepting and providing feedback and criticism in a constructive, supportive and objective manner.
- Evaluating the merits of others’ work objectively and constructively.
- Focusing on the best interests of the society and the field as a whole.

Certain behaviors are contrary to the principles of the society and the goals of the annual meeting. Examples of unacceptable behavior include, but are not limited to:

- Harassment, intimidation, or discrimination in any form.
- Physical or verbal abuse of any attendee, speaker, volunteer, exhibitor, central office staff member, service provider, or other meeting guest. Examples of verbal abuse include, but are not limited to, verbal comments related to gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin, inappropriate use of nudity and/or sexual images in public spaces or in presentations, or threatening or stalking any attendee, speaker, volunteer, exhibitor, central office staff member, service provider, or other meeting guest.
- Disruption of presentations during any scientific, plenary or educational sessions, in the exhibit hall, or at other events organized by ISMRM at the meeting venue, hotels, or other ISMRM-contracted facilities or throughout the virtual meetings.
- Continuing to initiate interaction (including photography or recording) with someone after being asked to stop.
- Publication of private communication without consent.

The Society has zero-tolerance for any form of discrimination, racism or harassment, including but not limited to sexual harassment by participants or our staff at our meetings.

If you experience harassment or hear of any incidents of unacceptable behavior, the Society asks that you inform Anne-Marie Kahrovic, Executive Director (interim), at anne-marie@ismrm.org so that we may take the appropriate action.

The Society reserves the right to remove any individuals violating the Code of Conduct from the session or meeting, in response to any incident of unacceptable behavior, and the Society reserves the right to prohibit attendance at any future meeting, virtually or in-person.