

## ISMRM & ISMRT ANNUAL MEETING & EXHIBITION SINGAPORE | 04-09 MAY 2024



|  | TION: Meeting materials will NOT be mailed                       |  |   |
|--|--|--|---|
|  | Sc., B.Appl.Sc., M.Sc., Other:                                   |  |   |
|  | Prefer Not To Say Date of Birth: (optional) _                    |  |   |
| 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 I                           | No   |   |
| Street Address:  |  | City:  |   |
| State/Province:  | Postal/Zip Code:   | Country:   |   |
| Home Phone: Work F   | 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 |  |  |   |
| Will you be attending the ISMRM Closing Party on Thursday night?: Yes No 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!  |  |  |   |
|  | bition registration entitles registrants to either               | r in-person or online access to the meeting (d                 | epending 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.              |  |  |   |
| PROGRAM OPTIONS  | ISMRT Full Member Fee*   | ISMRT Trainee & Emeritus Member Fee                            | Non-Member Fee<br>(Technologist verification required)**        |
| Early Rate<br>(Before 04 April 2024)   | 4-Day (03-06 May): U\$\$495.00<br>7-Day (03-09 May): U\$\$720.00 | 4-Day (03-06 May): US\$370.00<br>7-Day (03-09 May): US\$595.00 | 4-Day (03-06 May): US\$610.00 7-Day (03-09 May): US\$905.00     |
| Late/Onsite Rate<br>(After 04 April 2024)  | 4-Day (03-06 May): U\$\$595.00<br>7-Day (03-09 May): U\$\$820.00 | 4-Day (03-06 May): US\$370.00<br>7-Day (03-09 May): US\$595.00 | 4-Day (03-06 May): US\$710.00<br>7-Day (03-09 May): US\$1005.00 |
| VIRTUAL ONLY<br>Early Rate (Before 04 April 2024)  | 4-Day (03-06 May): U\$\$225.00<br>7-Day (03-09 May): U\$\$360.00 | 4-Day (03-06 May): US\$185.00<br>7-Day (03-09 May): US\$298.00 | 4-Day (03-06 May): US\$280.00<br>7-Day (03-09 May): US\$453.00  |
| VIRTUAL ONLY<br>Late Rate (After 04 April 2024)  | 4-Day (03-06 May): US\$275.00 7-Day (03-09 May): US\$410.00      | 4-Day (03-06 May): US\$185.00 7-Day (03-09 May): US\$298.00    | 4-Day (03-06 May): US\$355.00<br>7-Day (03-09 May): US\$503.00  |
| *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 REGISTRATIO   | ON FEE: TOTAL REGISTRATION FEE: US \$                            |  |   |
| STEP 5: TECHNOLOGIST/RADIOGRAP   | HER VERIFICATION: (*Required for all techn                       | ologists/radiographers who are registering as                  | non-members.)   |
| Supervisor's Name:   |  | Institution Name:  |   |
| '  | 6  |  |   |
| Supervisor's Phone:  | Supervisor   | r's E-mail:  |   |
| NEW By checking the box you  | agree to our Attendee Code of Conduc                             | t 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:  | Amour  | nt: \$   |   |
|  | s 1-5 and email form to registrar@ismrm.o                        |  |   |
| 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.



## ATTENDANCE CODE OF CONDUCT

## 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 <u>zero-tolerance</u> 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.