



SMRT

SOCIETY FOR MR
RADIOGRAPHERS & TECHNOLOGISTS
A Section of the ISMRM

A WORLD OF KNOWLEDGE

FOR MAGNETIC RESONANCE
PROFESSIONALS

SMRT 28TH ANNUAL MEETING

REGISTRATION FORM 2019

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

Register by 03 April 2019 and Save! Register online: www.SMRT.org/19

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

HONORIFIC: A.A., R.T., R.R.A., B.Sc., B.Appl.Sc., M.Sc., Other: _____ Certifications: (MR), (R), (T), (N), (BS), (CV), Other: _____

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?

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

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

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

STEP 5: PROGRAM OPTIONS AND FEES: (Register by 03 April 2019 and save!)

The SMRT Annual Meeting registration entitles 3-Day, 4-Day and 7-Day registrants to online access to the Proceedings of the ISMRM 27th Annual Meeting and admission to the Technical Exhibition. In addition, advance registrants for the SMRT Annual Meeting will have access to the ISMRM 27th Annual Meeting Proceedings and Syllabus two weeks before the meeting via the SMRT website.

PROGRAM OPTIONS	SMRT Member Fee	Non-Member Fee (Technologist Verification Required)	SMRT Student Member Fee**
SMRT 28 th Annual Meeting 3-Day Meeting Friday-Sunday 10-12 May 2019	<input type="checkbox"/> By 03 April 2019: US \$445.00 After 03 April 2019: US \$560.00	<input type="checkbox"/> By 03 April 2019: US \$560.00 After 03 April 2019: US \$670.00	<input type="checkbox"/> By 03 April 2019: US \$220.00 After 03 April 2019: US \$270.00
SMRT 28 th Annual Meeting 4-Day Meeting Friday-Monday 10-13 May 2019	<input type="checkbox"/> By 03 April 2019: US \$545.00 After 03 April 2019: US \$660.00	<input type="checkbox"/> By 03 April 2019: US \$660.00 After 03 April 2019: US \$770.00	<input type="checkbox"/> By 03 April 2019: US \$320.00 After 03 April 2019: US \$370.00
SMRT 28 th Annual Meeting Full Access SMRT/ISMRM Meetings Friday-Thursday 10-16 May 2019	<input type="checkbox"/> By 03 April 2019: US \$770.00 After 03 April 2019: US \$980.00	<input type="checkbox"/> By 03 April 2019: US \$1050.00 After 03 April 2019: US \$1240.00	<input type="checkbox"/> By 03 April 2019: US \$555.00 After 03 April 2019: US \$700.00
ISMRM FUN RUN 12 May 2019	<input type="checkbox"/> US \$50.00	<input type="checkbox"/> US \$50.00	<input type="checkbox"/> US \$30.00

** To qualify for the Student Technologist Rate, students must be actively enrolled in a program to become an MRI technologist/radiographer. Student status must be validated via letter signed by the program director or head instructor of the MRI program on official letterhead. If this letter is not received, you will be billed for the full registration cost. The verification letter can be emailed to: registrar@ismrm.org or faxed to: +1 510 841 2340.

STEP 6: CONFIRM YOUR REGISTRATION FEE:

TOTAL REGISTRATION FEE: US \$

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

Card holder'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 10 April 2019. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 10 April 2019 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.