

REGISTRATION FORM

SMRT Gulf Coast Division Meeting 27 July 2019 • Houston, TX, USA

STEP 1: Badge and Contact Information

Honorific and gender: Male Female
 Mr. Mrs. Ms. Ph.D RT Other: _____ PROFILE#: _____

This address is for: Work Home This is new contact information: YES NO

Family Name _____ First/ Given Name _____ Middle Name _____

Institution _____

Street Address _____ City _____ State/Province _____

Zip+4 Postal Code _____ Country _____ Email _____

Work Phone _____ Home Phone _____ Mobile _____

STEP 2: Event Specific Information

ISMRRM makes its member list available to a few carefully screened companies. If you wish to be included, please check YES.

No, I do not opt in to vendor emails Yes, I opt in to vendor emails

I have a disability and require assistance.

I have a food allergy or special dietary requirement: _____

How did you hear about this meeting: Colleague Email Facebook Flyer Website Journal Ad LinkedIn Twitter

Other: _____

In case of emergency please contact: Spouse Immediate Family Friend

Full Name: _____ Phone (numbers ONLY - no dashes): _____

STEP 3: Registration Fees (DOES NOT INCLUDE HOTEL ACCOMMODATION)

Registration Fees include: • Workshop registration and materials • 1 lunch • All morning/afternoon coffee/snack breaks during the workshop	Please Check One:	Early (by 11 July 2019)	Late/Onsite (after 11 July 2019)
	SMRT Member*	<input type="checkbox"/>	US \$50.00
Nonmember**	<input type="checkbox"/>	US \$80.00	<input type="checkbox"/> US \$90.00
Student Member*	<input type="checkbox"/>	US \$25.00	<input type="checkbox"/> US \$30.00
Student Nonmember**	<input type="checkbox"/>		
Emeritus Member*	<input type="checkbox"/>		

* To qualify for a Member rate, 2019 membership dues must be paid.

**Attendees who are not members of the SMRT, and do not wish to join, must register at the full nonmember rate

STEP 4: Payment (Fees must be paid in US Dollars)

Check enclosed (personal, bank, institution) in US dollars made payable to ISMRM.

Credit Card: Please charge registration fee to my: VISA AMEX MasterCard Discover

Cardholder's Name _____ Cardholder's Signature _____

Billing Street Address (required) _____ City _____ State _____ Postal Code/Country _____

US \$

Card Number _____ Security Code _____ Expiration Date _____ Payment Amount _____

STEP 5: Fax completed registration form to +1 510 841 2340

Register by Mail: ISMRM
P.O. Box 45690, San Francisco, CA 94145-0690 USA
Make Checks Payable to ISMRM

Registration Information: Telephone: +1 510 841 1899 Email:
registrar@ismrm.org Website: <http://www.ismrm.org>

CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 11 July 2019. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the above deadline. Registrations are not transferrable. *No attendee may substitute for another. Absolutely no exceptions will be made.*