

**FOR OFFICE USE ONLY**  
 WS51  
 ID#: \_\_\_\_\_

**ENROLLMENT APPLICATION *without accommodations***  
 ISMRM Workshop on Quantitative Body Imaging  
 26-28 March 2018 • Hyatt Regency, New Delhi, India

**STEP 1: REGISTRATION**

Honorific and gender:  Male  Female  
 M.D.  M.D. Candidate  Ph.D.  Ph.D. Candidate  Prof.  RT  Other: \_\_\_\_\_

Family Name First/ Given Name Middle Name

Institution

City State Zip+4 Postal Code Country

**STEP 2: MAILING/ CONTACT INFORMATION**

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

Street Address

City State/Province Zip+4 Postal Code Country

Work Phone Home Phone Mobile Email

**STEP 3: SPECIAL REQUESTS**

I have a disability and require assistance.  Please send me an invitation letter for the purpose of obtaining a visa.  
 I have a special dietary requirement. Please explain any special dietary requirements:  
 ISMRM makes its attendee list available to our regional seminar supporters. If you DO NOT wish to be included, check here

**STEP 4: FEES (REGISTRATION DOES NOT INCLUDE ACCOMODATIONS)**

<b>Registration Fees include:</b> <i>Workshop registration and materials; 3 lunches, 3 dinners; All morning &amp; afternoon coffee/snack breaks &amp; lunches during the workshop</i>	<b>Please Check One:</b>	<b>Early (by 22 February 2018)</b>	<b>Late/Onsite (after 22 February 2018)</b>
	Member <input type="checkbox"/>	US \$1100.00 <input type="checkbox"/>	US \$1200.00 <input type="checkbox"/>
	Nonmember <input type="checkbox"/>	US \$1400.00 <input type="checkbox"/>	US \$1500.00 <input type="checkbox"/>
	Trainee Member** <input type="checkbox"/>	US \$450.00 <input type="checkbox"/>	US \$450.00 <input type="checkbox"/>
	Trainee Nonmember** <input type="checkbox"/>	US \$800.00 <input type="checkbox"/>	US \$800.00 <input type="checkbox"/>
** Trainees include postdocs, residents, fellows, and technologists			

**STEP 5: TRAINEE VERIFICATION\* (Required for all trainees registering as nonmembers)**

Supervisor's Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

**STEP 6: How did you learn about this workshop?**  I am an Abstract Presenter  Colleague  Email  Facebook  Flyer  
 Website  Journal Ad  LinkedIn  Twitter  Other: \_\_\_\_\_

**STEP 7: PAYMENT OPTIONS (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 8: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340**

Register by Mail: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690 USA	Registration Information: Telephone: +1 510 841 1899 Email: <a href="mailto:registrar@ismrm.org">registrar@ismrm.org</a> Website: <a href="http://www.ismrm.org">http://www.ismrm.org</a>
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**CANCELLATION POLICY:** All registration cancellation requests must be received via email only at [registrar@ismrm.org](mailto:registrar@ismrm.org) by 22 February 2018. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 22 February 2018 deadline. **NO ATTENDEE MAY SUBSTITUTE**