

FOR OFFICE USE ONLY
 WS51
 ID#: _____

ENROLLMENT APPLICATION
 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

| <i>Registration Fees include: Workshop registration and materials; Breakfasts for those staying at the Hyatt Regency; 3 lunches, 3 dinners, All morning & afternoon coffee/snack breaks & lunches during the workshop</i> | Please Check One: | Early (by 22 February 2018) | Late/Onsite (after 22 February 2018) |
|---|--------------------------|-----------------------------|---------------------------------------|
| | Member | <input type="checkbox"/> | US \$1600.00 |
| Nonmember | <input type="checkbox"/> | US \$1900.00 | <input type="checkbox"/> US \$2000.00 |
| Trainee Member** | <input type="checkbox"/> | US \$950.00 | <input type="checkbox"/> US \$950.00 |
| Trainee Nonmember** | <input type="checkbox"/> | US \$1300.00 | <input type="checkbox"/> US \$1300.00 |

** 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 _____

Card Number _____ Security Code _____ Expiration Date _____ **US \$**
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: 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 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 FOR ANOTHER. Absolutely no exceptions will be made.