

REGISTRATION FORM *without Accommodations*

Breast MRI: Advancing the State of the Art

10-13 September 2018 • Vdara Hotel & Spa, Las Vegas, NV, USA

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 Email

Work Phone Home Phone Mobile

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 exhibitors. If you agree to be included, please check here ☐

STEP 4: FEES

Registration Fees include:

- Workshop registration and materials
- 3 breakfasts, 3 lunches & 3 dinners
- All morning/afternoon coffee/snack breaks during the workshop

Please Check One:

Member ☐

Nonmember ☐

Trainee Member** ☐

Trainee Nonmember** ☐

Early (by 08 Aug 2018)

US \$1185.00

US \$1385.00

US \$385.00

US \$535.00

Late/Onsite (after 08 Aug 2018)

US \$1285.00

US \$1485.00

US \$385.00

US \$535.00

** 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 Zip+4 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
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 08 August 2018. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 08 August 2018 deadline. NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.