

FOR OFFICE USE ONLY
WS49
ID#: _____

REGISTRATION FORM *with Accommodations*

ISMRRM-RSNA Co-Provided Workshop on High-Value MRI
18-20 February 2018 • Capital Hilton, Washington D.C., 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

Work Phone Home Phone Mobile Email

STEP 3: SPECIAL REQUESTS

☐ I am a member of the RSNA ☐ 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:

ISMRRM makes its attendee list available to our workshop supporters. If you DO NOT wish to be included, check here ☐

STEP 4: FEES

Registration Fees include:

- Workshop registration and materials
- Accommodations for the nights of 17, 18, & 19 February 2018
- 3 lunches
- All morning/afternoon coffee/snack breaks during the workshop

Please Check One:

Member ☐

Nonmember ☐

Trainee Member** ☐

Trainee Nonmember** ☐

Early (by 23 January)

US \$1550.00

US \$1850.00

US \$1000.00

US \$1200.00

Late/Onsite (after 23 January)

US \$1650.00

US \$1950.00

US \$1000.00

US \$1200.00

** Trainees include postdocs, residents, fellows, and technologists

REQUIRED OF ALL REGISTRANTS: Please provide your arrival / departure dates:

Check in at 16:00, and check out at 12:00 Arrival: _____ Departure: _____

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? ☐ 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 ISMRRM.
☐ 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: ISMRRM
P.O. Box 45690, San Francisco, CA 94145-0690 USA
Make Checks Payable to ISMRRM

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 January 2018. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 11 January 2018 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**