REGISTRATION FORM *with Accommodations*
ISMRM Workshop on Machine Learning
14-17 March 2018 • Asilomar Conference Grounds, Pacific Grove, CA, USA

STEP I: 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 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 14, 15, & 16 March 2018*
• *3 breakfasts, 3 lunches & 3 dinners*
• *All morning/afternoon coffee/snack breaks during the workshop*

Please Check One:		Early (by 08 Feb 2018)		Late/Onsite (after 08 Feb 2018)
Member	□	US $1675.00	□	US $1775.00
Nonmember	□	US $1975.00	□	US $2075.00
Trainee Member**	□	US $1075.00	□	US $1075.00
Trainee Nonmember**	□	US $1275.00	□	US $1275.00

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