

**FOR OFFICE USE ONLY**  
 WS50  
 ID#: \_\_\_\_\_

## ENROLLMENT APPLICATION

ISMRM Workshop on Advanced Neuro MR: Best Practices for Technical Implementation  
 26-28 March 2018 • The Korea Science and Technology Center (KOFST), Seoul, South Korea

### 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; All morning &amp; afternoon coffee/snack breaks &amp; lunches during the workshop and 1 evening banquet.</i>	<b>Please Check One:</b>	<b>Early (by 01 March 2018)</b>	<b>Late/Onsite (after 01 March 2018)</b>
	Member <input type="checkbox"/>	US \$650.00 <input type="checkbox"/>	US \$750.00 <input type="checkbox"/>
	Nonmember <input type="checkbox"/>	US \$850.00 <input type="checkbox"/>	US \$950.00 <input type="checkbox"/>
	Trainee Member** <input type="checkbox"/>	US \$300.00 <input type="checkbox"/>	US \$300.00 <input type="checkbox"/>
	Trainee Nonmember** <input type="checkbox"/>	US \$500.00 <input type="checkbox"/>	US \$500.00 <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: [registrar@ismrm.org](mailto:registrar@ismrm.org) Website: <http://www.ismrm.org>

**CANCELLATION POLICY: All registration cancellation requests must be received via email only at [registrar@ismrm.org](mailto:registrar@ismrm.org) by 01 March 2018.** Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 01 March 2018 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**