

FOR OFFICE USE ONLY
WS48
ID#: _____

REGISTRATION FORM *without Accommodations*

ISMRM Workshop on MRI of the Placenta

04-06 February 2018 • Westin Peachtree Plaza, Atlanta, GA, 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 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
- 3 lunches
- All morning/afternoon coffee/snack breaks during the workshop
- 1 Reception

Please Check One:

		Early (by 08 Jan 2018)		Late/Onsite (after 08 Jan 2018)
Member	<input type="checkbox"/>	US \$1000.00	<input type="checkbox"/>	US \$1100.00
Nonmember	<input type="checkbox"/>	US \$1300.00	<input type="checkbox"/>	US \$1400.00
Trainee Member**	<input type="checkbox"/>	US \$500.00	<input type="checkbox"/>	US \$500.00
Trainee Nonmember**	<input type="checkbox"/>	US \$700.00	<input type="checkbox"/>	US \$700.00

** 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

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