

FOR OFFICE USE ONLY
 WS52
 ID#: _____

REGISTRATION FORM *with Accommodations*

MR Imaging of ⁿX-Nuclei (²³Na & Friends): From Controversies to Potential Clinical Applications
 07-10 April 2018 • Hotel Croatia Cavtat, Dubrovnik, Croatia

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 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 07, 08 & 09 April 2018; Breakfasts for those staying at the Hotel Croatia Cavtat; All morning & afternoon coffee/snack breaks; lunches during the workshop; 1 dinner and 1 evening reception

Please Check One:

- Member
 Nonmember
 Trainee Member**
 Trainee Nonmember**

Early (by 07 March 2018)

US \$1400.00
 US \$1700.00
 US \$1100.00
 US \$1200.00

Late/Onsite (after 07 March 2018)

US \$1500.00
 US \$1800.00
 US \$1100.00
 US \$1200.00

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

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

Check in at 14:00, and check out at 11:00 Arrival Date: _____ Departure Date: _____

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 07 March 2018. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 07 March 2018 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**