

REGISTRATION FORM

ISMRRM Workshop on MR Value

11-13 March 2019 • Edinburgh, Scotland

STEP 1: Badge and Contact Information

Honorific and gender: Male Female
 M.D. M.D. Candidate Ph.D. Ph.D. Candidate Prof. RT Other: _____ ISMRRM/SMRT MEMBER # _____

This address is for: Work Home This is new contact information: YES NO

Family Name First/ Given Name Middle Name

Institution

Street Address City State/Province

Zip+4 Postal Code Country Email

Work Phone Home Phone Mobile

STEP 2: Event Specific Information

ISMRRM makes its member list available to a few carefully screened companies. If you wish to be included, please check YES.

No, I do not opt in to vendor emails Yes, I opt in to vendor emails

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 or food allergy: _____

How did you hear about this meeting: I am an Abstract Presenter Colleague Email Facebook Flyer

Website Journal Ad LinkedIn Twitter Other: _____

In case of emergency please contact: Spouse Immediate Family Friend

Full Name: _____ Phone (numbers ONLY - no dashes): _____

STEP 3: Registration Fees (DOES NOT INCLUDE HOTEL ACCOMMODATION)

| Registration Fees include: • Workshop registration and materials • 3 lunches • Welcome coffee with pastries • All morning/afternoon coffee/snack breaks during the workshop | Please Check One: | Early (by 25 Feb. 2019) | Late/Onsite (after 25 Feb. 2019) |
|---|--------------------------|--------------------------|---------------------------------------|
| | Member | <input type="checkbox"/> | US \$700.00 |
| Nonmember | <input type="checkbox"/> | US \$1000.00 | <input type="checkbox"/> US \$1100.00 |
| Trainee Associate & Emeritus Member** | <input type="checkbox"/> | US \$400.00 | <input type="checkbox"/> US \$400.00 |
| Trainee Nonmember* ** | <input type="checkbox"/> | US \$500.00 | <input type="checkbox"/> US \$500.00 |

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

** Verification Required

STEP 4: Nonmember Trainee Verification (Required for all trainees registering as nonmembers)**

Supervisor's Name: _____ Institution Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

STEP 5: Payment (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 6: 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 25 February 2019. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 25 February 2019 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**