

## REGISTRATION FORM

ISMRM Workshop on MR Safety: Ensuring Safety from First Principles to Best Practices  
20-22 September 2019 • Utrecht, The Netherlands

## STEP 1: Badge and Contact Information

Honorific and gender: ☐ Male ☐ Female  
☐ M.D. ☐ M.D. Candidate ☐ Ph.D. ☐ Ph.D. Candidate ☐ Prof. ☐ RT ☐ Other: \_\_\_\_\_ PROFILE#: \_\_\_\_\_

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

ISMRM 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 food allergy or special dietary requirement: \_\_\_\_\_

Which Parallel Session will you attend on Saturday, 21 September?

FULL Hands-On MRI Safety in Clinical Practice (13:45-17:50) ☐ Assessing Implant Safety by Modelling & Measurements (14:00-17:30)

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)

<b>Registration Fees include:</b> • Workshop registration and materials • 3 lunches • 1 dinner • All morning/afternoon coffee/snack breaks during the workshop	Please Check One:		Early (by 04 Sept. 2019)		Late/Onsite (after 04 Sept. 2019)
	Member	<input type="checkbox"/>	US \$800.00	<input type="checkbox"/>	US \$900.00
	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.

## 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 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 6: 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 04 September 2019.**  
 Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 04 September 2019 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**