Event ID 1172; WS59

REGISTRATION FORM <i>with Accommodations</i> ISMRM Workshop on Ultrahigh Field Magnetic Resonance: Technological Advances, Translational Research Promises & Clinical Applications 31 March – 03 April 2019 • Dubrovnik, Croatia							
STEP 1: Badge and Contact	Infor	nation					
Honorific and gender: □ Male       □ Female         □ M.D.       □ M.D. Candidate       □ Ph.D.         □ M.D.       □ M.D. Candidate       □ Other: _					ISMRM/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							
ISMRM makes its member list a □ No, I do not opt in to vendor e		le to a few carefully screen □ Yes, I opt in to vendo			you wish to be included,	please check YES.	
Hotel Arrival Date:	Arrival Date: Hotel Departure Date: _			Check in at 14:00, and check out at 11:00			
□ 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 co Full Name:	ntact:	□ Spouse □ Immediate F Phone (numbers C			5):		
STEP 3: Registration Fees					/		
Please Check One:		Early (by 06 Mar. 2019)		Late/On	site (after 06 Mar. 2019)	These fees include:	
Member		US \$999.00			US \$1,099.00	Workshop registration and	
Nonmember		US \$1349.00			US \$1449.00	materials; Accommodations for the nights of 31 March and 01-02 April; Breakfast (if staying at the hotel); 3 lunches; All morning & afternoon coffee/snack breaks	
Trainee Member**		US \$699.00			US \$699.00		
Trainee Nonmember* **		US \$849.00			US \$849.00		
	nees include associate & emeritus members, postdocs, residents, fellows, and technologists ** Verification Required 2 evening receptions & 1 dinner						
STEP 4: Nonmember Trainee/Technologist/Radiographer Verification**							
Supervisor's Name: Institution Name:							
Supervisor's Phone: Supervisor's Email:							
STEP 5: Payment (Fees mus							
To pay by credit card, please co	mplete	e below:	MEX	□ Maste	rCard		
Cardholder's Name		Cardholder	s Signatu	ure			
Billing Street Address (required)	ng Street Address (required) City				State Postal Code/Country US \$		
Card Number Security Code Expiration Date Payment Amount							
STEP 6: Fax completed regi	stratio		40				
Register by Mail: ISMRM					Registration Information: Telephone: +1 510 841 1899 Email:		
P.O. Box 45690, San Francisco, CA 94145-0690 USA Make Checks Payable to ISMRM					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 06 March 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.							