

STEP 1: BADGE & CONTACT INFORMATION

HONORIFIC: M.D. M.D. Cand. Ph.D. Ph.D. Cand. Professor RT Other: _____ Gender: _____

Family Name: _____ First/Given Name: _____ Middle Name: _____

This address is for: Work Home This is new contact information: Yes No Profile #: _____

Institution: _____ Street Address: _____ City: _____

State/Province: _____ Zip+4 Postal Code: _____ Country: _____

Email: _____ Work 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: Yes, I opt in to vendor emails

Hotel Arrival Date: _____ Hotel Departure Date: _____ Check in at 16:00, and check out at 11:00

If you are checking-in before 03 November or checking-out after 04 November, we will arrange hotel accommodations for you. However, you will be responsible for payment for the additional night(s) directly to the hotel. The rate is US\$302.81 per night (includes taxes); based on availability and possibly at prevailing room rate.

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 Flyer Website Journal Ad Facebook LinkedIn Twitter Other: _____

In case of emergency, please contact: Spouse Immediate Family Friend Full Name: _____ Phone: _____

STEP 3: REGISTRATION FEES

	REGISTRATION WITH ACCOMMODATIONS	
*Member Rate	<input type="checkbox"/> Room share: US\$1500.00	Room mate name: _____
Nonmember Rate	<input type="checkbox"/> Room share: US\$1770.00	Room mate name: _____
*Trainee Member OR ISMRT Technologist/Radiographer Member	<input type="checkbox"/> Room share: US\$700.00	Room mate name: _____
Trainee Nonmember OR Nonmember Technologist/Radiographer	<input type="checkbox"/> Room share: US\$1050.00	Room mate name: _____

*Your 2022 dues must be paid to qualify for the member or trainee member rate.

STEP 4: TRAINEE/TECHNOLOGIST/RADIOGRAPHER NONMEMBER VERIFICATION (Required for all trainees registered as non-members)

Supervisor's Name: _____ Institution Name: _____

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

STEP 5: PAYMENT (Purchase orders will not be accepted as payment)

Invoice requested (fill out step 1-4 and email to registrar@ismrm.org for an invoice to be sent to you)

Check enclosed (personal, bank, institution) in US dollars drawn on a US bank 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: _____

Card Number: _____ Security Code: _____ Expiration Date: _____ Payment Amount: **US\$** _____

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	Registration Information: Telephone: +1 510 841 1899 Email: registrar@ismrm.org • Website: www.ismrm.org
---	--

CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 04 October 2022.
Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 04 October 2022 deadline.
NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.