

## STEP 1: BADGE &amp; 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

ISMRM 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

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

*Member Rate	<input type="checkbox"/> US\$950.00	For in-person workshop attendees, these fees include: <ul style="list-style-type: none"> <li>• Workshop registration and materials</li> <li>• 2 breakfasts</li> <li>• 2 lunches</li> <li>• All morning/afternoon coffee/snack breaks during the workshop</li> <li>• Social Event</li> </ul>
Non-Member Rate	<input type="checkbox"/> US\$1250.00	
*Trainee Member <b>OR</b> ISMRT Technologist/Radiographer Member	<input type="checkbox"/> US\$500.00	
Trainee Non-Member <b>OR</b> ISMRT Technologist/Radiographer Member	<input type="checkbox"/> US\$600.00	

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

## STEP 4: TRAINEE NON-MEMBER 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 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: \_\_\_\_\_

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

## STEP 6: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340

<b>Register by Mail:</b> ISMRM P.O. Box 45690, San Francisco, CA 94145-0690 USA	<b>Registration Information:</b> Telephone: +1 510 841 1899 Email: registrar@ismrm.org Website: www.ismrm.org
<b>CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 01 August 2022.</b> Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 01 August 2022 deadline. <b>NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.</b>	