

REGISTRATION FORM

ISMRM Workshop on Neurofluids: Anatomy, Physiology & Imaging
21-24 September 2022 • Sapienza University of Rome, Rome, Italy

STEP 1: Badge and Contact Information

Honorific and gender: Woman Man Non-binary Prefer not to disclose Prefer to self-describe: _____
 M.D. M.D. Candidate Ph.D. Ph.D. Candidate Prof. RT Other: _____ PROFILE ID# _____

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	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 to obtain 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

In case of emergency please contact: Spouse Immediate Family Friend

Full Name: _____ Phone: _____

STEP 3 Registration Fees (without hotel accommodations)

Registrant Type:		Fee:	Registration fees include:
Member *		US \$700.00	
Nonmember		US \$1000.00	
Trainee Member ***		US \$300.00	
Trainee Nonmember **		US \$400.00	

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

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

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

Supervisor's Name:	Institution Name:
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Supervisor's Phone:	Supervisor's Email:
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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
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Billing Street Address (required)	City	State	Postal Code/Country US \$
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Card Number	Security Code	Expiration Date	Payment Amount
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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	Registration Information: Telephone: +1 510 841 1899 Email: registrar@ismrm.org Website: http://www.ismrm.org
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CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 24 August 2022 at 23:59 UTC. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 24 August 2022 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER.**