

**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	<ul style="list-style-type: none"> <li>• Workshop registration and materials</li> <li>• 3 lunches</li> <li>• All morning/afternoon coffee/snack breaks during the workshop</li> <li>• Welcome Reception</li> <li>• Social Event</li> </ul>
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: \_\_\_\_\_

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

**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  
 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 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.**