

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

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

	IN-PERSON		VIRTUAL	
*Member Rate	<input type="checkbox"/> US\$650.00	For in-person workshop attendees, these fees include: <ul style="list-style-type: none"> • Workshop registration and materials • 3 breakfasts • 3 lunches • All morning/afternoon coffee/snack breaks during the workshop • 1 dinner/social event 	<input type="checkbox"/> US\$325.00	For virtual workshop attendees, these fees include: <ul style="list-style-type: none"> • Workshop registration and virtual materials
Nonmember Rate	<input type="checkbox"/> US\$920.00		<input type="checkbox"/> US\$460.00	
*Trainee Member OR ISMRT Technologist/Radiographer Member	<input type="checkbox"/> US\$250.00		<input type="checkbox"/> US\$125.00	
Trainee Nonmember OR Nonmember Technologist/Radiographer	<input type="checkbox"/> US\$350.00		<input type="checkbox"/> US\$175.00	

*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/technologists/radiographers registered 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: _____

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

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: www.ismrm.org
CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 28 September 2022. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 28 September 2022 deadline. NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.	