

**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, contact:  Spouse  Immediate Family  Friend Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**STEP 3: REGISTRATION FEES**

	IN-PERSON	VIRTUAL
*Member Rate	<input type="checkbox"/> US\$1,100.00 (Before or on 27 February 2023) <input type="checkbox"/> US\$1,200.00 (After 27 February 2023)	<input type="checkbox"/> US\$550.00
Nonmember Rate	<input type="checkbox"/> US\$1,400.00 (Before or on 27 February 2023) <input type="checkbox"/> US\$1,500.00 (After 27 February 2023)	<input type="checkbox"/> US\$700.00
*Trainee Member <b>OR</b> ISMRT Technologist/Radiographer Member	<input type="checkbox"/> US\$800.00	<input type="checkbox"/> US\$400.00
Trainee Nonmember <b>OR</b> Nonmember Technologist/Radiographer	<input type="checkbox"/> US\$900.00	<input type="checkbox"/> US\$450.00

\*Your 2023 dues must be paid to qualify for the member or trainee member rate.

**STEP 4: TRAINEE NONMEMBER VERIFICATION (Required for all trainees 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**

<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 27 February 2023.</b> Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 27 February 2023 deadline. <b>NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.</b>	