



JOINT ANNUAL MEETING ISMRM-ESMRMB 2018

REGISTRATION FORM 2018

Return form to: ISMRM, P.O. Box 45690, San Francisco, CA 94145–0690, USA • Fax: +1 510 841 2340 Register by 12 April 2018 and Save! • Register online: www.ismrm.org/18

STEP I: MEETING BADGE INFORMATION Meeting materials will NOT be mailed. Badges and materials will be available at the pre-registration counter in Paris, France. HONORIFIC: 🗆 M.D., 🗆 M.D. Cand., 🗆 Ph.D., 🗆 Ph.D. Cand., 🗆 Professor, 🗖 Other:_______ Professional Classification: 🗅 Clinical Science ☐ Male ☐ Female Date of Birth: (optional) ______ ISMRM/SMRT MEMBER #_____ ESMRMB MEMBER #____ _____ First/Given Name:_____ _____ Middle Name:____ Family Name:_ National Provider ID #: (USA MDs only)_____Institution:_____ City/State/Province/Country:_ STEP 2: MAILING/CONTACT INFORMATION This address is for ☐ Work ☐ Home Is this new contact information? ☐ Yes ☐ No _____City:_____ Street Address: ____Postal/Zip Code: ______Country:____ State/Province: ___Email:___ ____Fax:___ STEP 3: TRAINEE VERIFICATION (*Required for all trainees, post docs and technologists who are registering as non-members) Supervisor's Name:_ _ Institution Name:___ Supervisor's Phone: ___ _ Supervisor's E-mail:___ The ISMRM makes its attendee How did you hear about this meeting? list available to our exhibitors □ Abstract Presenter □ Colleague □ Email □ Flyer □ Website □ Journal Ad □ LinkedIn □ Twitter □ Facebook □ Other: __ prior to the meeting. If you DO NOT wish to be included, check □ I have a disability & require assistance. □ Send me an invitation letter for the purpose of obtaining a visa. STEP 5: PROGRAM OPTIONS AND FEES (Register by 12 April 2018 and save!) Five-day and six-day registrants receive online access to the Joint Annual Meeting ISMRM-ESMRMB 2018 Proceedings and admission to the Technical Exhibition. All advance registrants will have access to the Proceedings and Educational Syllabus two weeks before the meeting via the ISMRM website. ISMRM-ESMRMB Trainee **PROGRAM** ISMRM-ESMRMB Non-Member Trainee, Associate & Emeritus Non-Member Fee* **OPTIONS** Member Fee Fee Member Fee *Verification Letter Required ☐ Before 12 April 2018: US \$875.00 US \$1385.00 US \$395.00 US \$615.00 Joint Annual Meeting + 20% French VAT: US \$175.00 + 20% French VAT: US \$277.00 + 20% French VAT: US \$79.00 + 20% French VAT: US \$123.00 ISMRM-ESMRMB 2018 Total: US \$1050.00 Total: US \$1662.00 Total: US \$474.00 Total: US \$738.00 5-Day Meeting 17-21 June 2018 After 12 April 2018: US \$975.00 After 12 April 2018: US \$1485.00 After 12 April 2018: US \$495.00 After 12 April 2018: US \$715.00 + 20% French VAT: US \$195.00 + 20% French VAT: US \$297.00 + 20% French VAT: US \$99.00 + 20% French VAT: US \$143.00 Total: US \$1170.00 Total: US \$1782.00 Total: US \$594.00 Total: US \$858.00 ☐ Before 12 April 2018: US \$1660.00 US \$1050.00 US \$475.00 US \$740.00 Joint Annual Meeting + 20% French VAT: US \$210.00 + 20% French VAT: US \$332.00 + 20% French VAT: US \$95.00 + 20% French VAT: US \$148.00 ISMRM-ESMRMB 2018 Total: US \$1260.00 Total: US \$1992.00 Total: US \$570.00 Total: US \$888.00 6-Day Meeting After 12 April 2018: US \$1150.00 After 12 April 2018: US \$1760.00 After 12 April 2018: US \$575.00 After 12 April 2018: US \$845.00 16-21 June 2018 + 20% French VAT: US \$230.00 + 20% French VAT: US \$352.00 + 20% French VAT: US \$115.00 + 20% French VAT: US \$169.00 Total: US \$1380.00 Total: US \$2112.00 Total: US \$690.00 Total: US \$1014.00 STEP 6: FRENCH VAT VALUE ADDED TAX: Please enter your VAT number here:_ It is required by French law that we charge and pay to the French government 20% VAT (Value Added Tax) on each registration. This will be calculated during the registration process. For additional information on recovering French VAT, please visit: www.ctaxsolutions.com/ismrm2018. STEP 7: CALCULATE YOUR REGISTRATION FEE: 20% VAT: US \$ TOTAL FEE: US \$ Registration fee: US \$ STEP 8: PAYMENT INFORMATION: To pay by credit card, please complete below:

Visa

MasterCard

AMEX

Discover Card holder's Name: (Required)____ Credit Card #: (Required) ____ ___Expiration Date: (Required) ____ Cardholder Signature: (Required)____ ___Credit Card Security Code: (Required)____ Billing Address: (Required) _ _Billing Zip/Postal Code: (Required)____