



INTERNATIONAL SOCIETY FOR
ISMRM
MAGNETIC RESONANCE IN MEDICINE

ISMRM 27TH ANNUAL MEETING & EXHIBITION REGISTRATION FORM 2019

Return form to: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690, USA • Fax: +1 510 841 2340
Register by 03 April 2019 and Save! • Register online: www.ismrm.org/19

STEP 1: MEETING BADGE INFORMATION: Meeting materials will NOT be mailed. Badges and materials will be available at the pre-registration counter in Montréal, Canada.

HONORIFIC: M.D., M.D. Cand., Ph.D., Ph.D. Cand., Professor, Other: _____ Professional Classification: Clinical Science Basic Science
 Male Female Date of Birth: (optional) _____ ISMRM/SMRT MEMBER # _____
 Family Name: _____ First/Given Name: _____ Middle 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
 Street Address: _____ City: _____
 State/Province: _____ Postal/Zip Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

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: _____

STEP 4: ATTENDANCE INFORMATION: Is this your first time at an ISMRM or SMRT Annual Meeting? YES NO

How did you hear about this meeting?

- I am an abstract presenter Colleague Email Flyer Website Journal Ad LinkedIn Twitter Facebook Other: __
 I have a disability & require assistance. Send me an invitation letter for the purpose of obtaining a visa.

The ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO wish to be included, check here:

STEP 5: PROGRAM OPTIONS AND FEES: (Register by 03 April 2019 and save!)

5-Day and 6-Day registrants receive online access to the ISMRM 27th Annual Meeting 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.

PROGRAM OPTIONS	ISMRM Member Fee	Non-Member Fee	ISMRM Trainee, Associate & Emeritus Member Fee	Trainee Non-Member Fee* *Verification Letter Required
ISMRM 5-Day Program 12-16 May 2019	<input type="checkbox"/> By 03 April 2019: US \$875.00 After 03 April 2019: US \$975.00	<input type="checkbox"/> By 03 April 2019: US \$1385.00 After 03 April 2019: US \$1485.00	<input type="checkbox"/> By 03 April 2019 US \$395.00 After 03 April 2019: US \$495.00	<input type="checkbox"/> By 03 April 2019 US \$615.00 After 03 April 2019: US \$715.00
ISMRM 6-Day Program 11-16 May 2019	<input type="checkbox"/> By 03 April 2019: US \$1050.00 After 03 April 2019: US \$1150.00	<input type="checkbox"/> By 03 April 2019: US \$1660.00 After 03 April 2019: US \$1760.00	<input type="checkbox"/> By 03 April 2019: US \$475.00 After 03 April 2019: US \$575.00	<input type="checkbox"/> By 03 April 2019 US \$740.00 After 03 April 2019: US \$845.00
ISMRM FUN RUN 12 May 2019	<input type="checkbox"/> US \$50.00	<input type="checkbox"/> US \$50.00	<input type="checkbox"/> US \$30.00	<input type="checkbox"/> US \$30.00

STEP 6: CONFIRM YOUR REGISTRATION FEE:

TOTAL REGISTRATION FEE: US \$

STEP 7: 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) _____

All registration cancellation requests must be received via email only at registrar@ismrm.org by 10 April 2019. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 10 April 2019 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.