

STEP 1: BADGE & CONTACT INFORMATION

Degrees: M.D., Ph.D., M.Sc., B.Sc., Other: _____ Certifications: (MR) (R) (T) (N) (BS) (CV) Other: _____

Gender: _____ Prefer Not To Say Date of Birth: (optional) _____ Profile # _____

Last/Surname: _____ First/Given Name: _____ Middle Name: _____

National Provider ID #: (USA MDs only): _____ Institution: _____

City/State/Province/Country: _____

This address is for: Work Home Is this new contact information? Yes No

Street Address: _____ City: _____ State/Province: _____ Postal/Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Email: _____

STEP 2: EVENT-SPECIFIC INFORMATION

ISMRRM 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

ISMRRM *MEMBER RATE	NONMEMBER RATE	*TRAINEE MEMBER OR ISMRT TECHNOLOGIST/RADIOGRAPHER MEMBER	TRAINEE NONMEMBER OR NONMEMBER TECHNOLOGIST/RADIOGRAPHER
EARLY REGISTRATION (Before 19 September 2024) <input type="checkbox"/> US\$500.00	EARLY REGISTRATION (Before 19 September 2024) <input type="checkbox"/> US\$720.00	<input type="checkbox"/> US\$300.00	<input type="checkbox"/> US\$400.00
REGULAR REGISTRATION (After 19 September 2024) <input type="checkbox"/> US\$600.00	REGULAR REGISTRATION (After 19 September 2024) <input type="checkbox"/> US\$820.00		

*Your 2024 dues must be paid to qualify for the member or trainee member rate.

STEP 4: CONFIRM YOUR REGISTRATION FEE:

TOTAL: US\$

STEP 5: 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 6: PAYMENT (Purchase orders will not be accepted as payment)

Check enclosed (in US dollars drawn on a US bank made payable to ISMRRM):

Check Number: _____ Amount: \$ _____

Invoice Requested (Complete Steps 1-5 and email form to registrar@ismrm.org for an invoice to be sent to you.)

All registration cancellation requests must be received via email only at registrar@ismrm.org by 19 September 2024. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 19 September 2024 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.