

**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.

Would you like our team to provide any assistance to ensure your comfort and accessibility during the conference?

Hearing  Learning  Speech or Language  Visual  Physical/Mobility  Other; please note here: \_\_\_\_\_

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 16 September 2024) <input type="checkbox"/> US\$420.00	EARLY REGISTRATION (Before 16 September 2024) <input type="checkbox"/> US\$650.00	<input type="checkbox"/> US\$300.00	<input type="checkbox"/> US\$400.00
REGULAR REGISTRATION (After 16 September 2024) <input type="checkbox"/> US\$520.00	REGULAR REGISTRATION (After 16 September 2024) <input type="checkbox"/> US\$750.00		

\*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 16 September 2024. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 16 September 2024 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.