

FOR OFFICE USE ONLY
WS47
ID#: _____

REGISTRATION FORM *without Accommodations*

ISMRRM-SNMMI Co-Provided Workshop on PET/MRI
The Blackstone, Autograph Collection, Chicago, IL, USA

STEP 1: REGISTRATION

Honorific and gender: ☐ Male ☐ Female
☐ M.D. ☐ M.D. Candidate ☐ Ph.D. ☐ Ph.D. Candidate ☐ Prof. ☐ RT ☐ Other: _____

Family Name First/ Given Name Middle Name

Institution

City State Zip+4 Postal Code Country

STEP 2: MAILING/ CONTACT INFORMATION

This address is for: ☐ Work ☐ Home This is new contact information: ☐ YES ☐ NO

Street Address

City State/Province Zip+4 Postal Code Country

Work Phone Home Phone Mobile Email

STEP 3: SPECIAL REQUESTS

- ☐ I am a member of the SNMMI
☐ 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. Please explain any special dietary requirements:

ISMRRM makes its attendee list available to our workshop supporters. If you DO NOT wish to be included, check here ☐

STEP 4: FEES

Registration Fees include:

- Workshop registration and materials
- 3 continental breakfasts and 3 lunches
- All morning/afternoon coffee/snack breaks during the workshop

Please Check One:

		Early (by 28 Sept.)		Late/Onsite (after 28 Sept.)
Member	<input type="checkbox"/>	US \$850.00	<input type="checkbox"/>	US \$950.00
Nonmember	<input type="checkbox"/>	US \$1150.00	<input type="checkbox"/>	US \$1250.00
Trainee Member**	<input type="checkbox"/>	US \$300.00	<input type="checkbox"/>	US \$300.00
Trainee Nonmember**	<input type="checkbox"/>	US \$500.00	<input type="checkbox"/>	US \$500.00

**** Trainees include postdocs, residents, fellows, and technologists**

STEP 5: TRAINEE VERIFICATION* (Required for all trainees registering as nonmembers)

Supervisor's Name: Institution Name:

Supervisor's Phone: Supervisor's Email:

STEP 6: How did you learn about this workshop? ☐ Abstract Presenter ☐ Colleague ☐ Email ☐ Facebook ☐ Flyer
☐ Website ☐ Journal Ad ☐ LinkedIn ☐ Twitter ☐ Other: _____

STEP 7: PAYMENT OPTIONS (FEES MUST BE PAID IN US DOLLARS)

- ☐ Check enclosed (personal, bank, institution) in US dollars made payable to ISMRRM.
☐ 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

US \$

Card Number Security Code Expiration Date Payment Amount

STEP 8: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340

Register by Mail: ISMRRM
P.O. Box 45690, San Francisco, CA 94145-0690 USA
Make Checks Payable to ISMRRM

Registration Information: Telephone: +1 510 841 1899 Email:
registrar@ismrm.org Website: <http://www.ismrm.org>

CANCELLATION POLICY: All registration cancellation requests must be received via email only at registrar@ismrm.org by 28 September 2017.
Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 28 September 2017 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**