



REGISTRATION FORM 2021

Return form to: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690, USA • Fax: +1 510 841 2340

Register online: www.ismrm.org/21

STEP 1: BADGE & CONTACT INFORMATION:

HONORIFIC: [ ] M.D., [ ] M.D. Candidate, [ ] Ph.D., [ ] Ph.D. Candidate, [ ] Professor, [ ] RT, [ ] Other: \_\_\_\_\_
Professional Classification: [ ] Clinical Science [ ] Basic Science
Gender: \_\_\_\_\_ [ ] Prefer Not to Say Date of Birth: (optional) \_\_\_\_\_ Customer ID # \_\_\_\_\_
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:

The ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO wish to be included, check here: [ ]
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 [ ] Facebook [ ] Flyer [ ] Website [ ] Journal Ad [ ] LinkedIn [ ] Twitter [ ] Other: \_\_\_\_\_

STEP 3: PROGRAM OPTIONS AND FEES: The extended early registration deadline is 21 April 2021.

Table with 4 columns: Registrant Type, ISMRM Full, ISMRM Trainee/Associate/Emeritus SMRT Member/Technologists/Radiographers, Notes. Rows for Member and Non-Member with early/late fee options.

STEP 4: CONFIRM YOUR REGISTRATION FEE: TOTAL REGISTRATION FEE: US \$

STEP 5: NONMEMBER TRAINEE and NOMEMBER TECHONOLGIST/RADIOGRAPHER VERIFICATION:

(\*Required for all trainees, postdocs and technologists who are registering as non-members.)

Supervisor's Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_
Supervisor's Phone: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

STEP 6: PAYMENT INFORMATION: (Purchase orders will not be accepted as payment.)
[ ] Check (in US dollars drawn on a US bank made payable to ISMRM): Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
To pay by credit card, please complete below: [ ] Visa [ ] MasterCard [ ] AMEX [ ] Discover
Cardholder'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 28 April 2021. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 28 April 2021 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.