FOR OFFICE USE ONLY
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## **ENROLLMENT APPLICATION**

SMRT South Carolina Regional Educational Seminar 22 October 2016 • Charleston, SC, USA

	22 October 2010 • O					
STEP I: REGISTRATION						
Honorific and gender:   Male Female;   Mr.   Mrs.   Ms.   Ph.D   RT   Other:   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						
Phone	FAX Email					
How did you learn about this seminar? □ brochure □ associate □ journal ad □ web □ email						
STEP 3: SPECIAL REQUESTS						
Do you have a Disability and Require Assistance? □ Yes; □ No						
□ I have a special dietary requirement. Please explain any special dietary requirements:						
SMRT makes its attendee list av	ailable to our regional seminar supp	orter	s. If you DO NOT wish to be in	nclude	d, check here □	
STEP 4: FEES						
Registration Fees include:	Please Check One:		Advance (by 16 September)		Onsite	
Meeting registration	SMRT Member		US \$130.00 *		US \$140.00*	
and materials  • Lunch  • All morning/afternoon coffee/snack breaks	Nonmember		US \$ 145.00		US \$160.00	
	SMRT Student Member		US \$50.00*		US \$50.00*	
	Nonmember with 2017 SMRT		·		·	
during the meeting	Membership**		US \$220.00		US \$250.00	
	Student Nonmember with 2017	-	US \$60.00		US \$60.00	
	SMRT Membership**		03 \$00.00		υσ φυσ.σσ	
*To qualify for a Member rate, 2016 membership dues must be paid.						
**Full or Affiliate Membership. Please see membership application for more information.						
*To become a member you must complete and submit your membership application with your registration. Applications can be						
downloaded from: http://www.ismrm.org/smrt/dues/SMRT_Combo_2017.pdf						
US \$100 from your registration fee will be put towards SMRT 2017 Membership dues.						
STEP 5: PAYMENT OPTIONS (FEES MUST BE PAID IN US DOLLARS)						
□ Check enclosed (personal, bank, institution) in US dollars made payable to SMRT.						
□ Credit Card: Please charge registration fee to my: □ VISA □ AMEX □ MasterCard □ Discover						
Cardholder's Name Cardholder's Signature						
Cardinator o Ogranic						
Billing Street Address (required)	City State		Postal Code/Country			
Billing Officer Address (required)	Oily State					
US \$						
Card Number Security Code Expiration Date Payment Amount						
STEP 6: FAX COMPLETED REGISTRATION FORM TO +1 510 841 2340  Projector by Mail: ISMPM/SMPT  Projector by Mail: ISMPM/SMPT  Projector by Mail: ISMPM/SMPT						
Register by Mail: ISMRM/SMRT Registration Information P.O. Box 45690 Telephone: +1 925-825-SMRT (7678)					8)	
			mail: registrar@ismrm.org			
-	Make Checks Payable to SMRT  Website: http://www.smrt.org					
REFUNDS/CANCELLATIONS: To cancel registration, you must request a refund in writing by 22 September 2016, and will be subjected to a 20%						
cancellation fee. Refunds will not be granted for cancellation after this date.						