

REGISTRATION FORM

ISMRM Workshop on MRI of Obesity & Metabolic Disorders
21-24 July 2019 • Matrix Building, Biopolis, Singapore

STEP 1: Badge and Contact Information

Honorific and gender: Male Female
 M.D. M.D. Candidate Ph.D. Ph.D. Candidate Prof. RT Other: _____ ISMRM/SMRT MEMBER # _____

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

Family Name First/ Given Name Middle Name

Institution

Street Address City State/Province

Zip+4 Postal Code Country Email

Work Phone Home Phone Mobile

STEP 2: Event Specific Information

ISMRM makes its member list available to a few carefully screened companies. If you wish to be included, please check YES.

No, I do not opt in to vendor emails 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 Facebook Flyer

Website Journal Ad LinkedIn Twitter Other: _____

In case of emergency please contact: Spouse Immediate Family Friend

Full Name: _____ Phone (numbers ONLY - no dashes): _____

STEP 3: Registration Fees (DOES NOT INCLUDE HOTEL ACCOMMODATION)

Registration Fees include: • Workshop registration and materials • 3 lunches • All morning/afternoon coffee/snack breaks during the workshop	Please Check One:	Early (by 08 Jul. 2019)	Late/Onsite (after 08 Jul. 2019)
	Member	<input type="checkbox"/>	US \$575.00
Nonmember	<input type="checkbox"/>	US \$875.00	<input type="checkbox"/> US \$975.00
Trainee Associate & Emeritus Member**	<input type="checkbox"/>	US \$375.00	<input type="checkbox"/> US \$375.00
Trainee Nonmember* **	<input type="checkbox"/>	US \$475.00	<input type="checkbox"/> US \$475.00

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

** Verification Required

STEP 4: Nonmember Trainee Verification** (Required for all trainees registering as nonmembers)

Supervisor's Name: _____ Institution Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

STEP 5: Payment (Fees must be paid in US Dollars)

Check enclosed (personal, bank, institution) in US dollars made payable to ISMRM.

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 6: Fax completed registration form to +1 510 841 2340

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

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 08 July 2019. Refunds will be subjected to a 20% cancellation fee. There will be no refunds after the 08 July 2019 deadline. **NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.**