

STEP 1: BADGE & CONTACT INFORMATION: *Meeting materials will NOT be mailed. Badges and materials will be available at the pre-registration counter in Singapore.*

Degrees: A.A., R.T., R.R.A., B.Sc., B.Appl.Sc., M.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: _____

How do we pronounce your name?: (Jakob Kjellman [YA-kob KYEL-man]) _____ What are your preferred pronouns?: _____

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:

ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO wish to be included, check here:

Are you bringing a guest? Name, country of residence & relationship to attendee: _____

I have a disability and require assistance. I have a special dietary requirement/food allergy: _____

Please send me an invitation letter for the purpose of obtaining a visa. Is this your first time at an ISMRM or ISMRT 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

Will you be attending the ISMRM Closing Party on Thursday night?: Yes No In case of emergency, contact: Spouse Immediate Family Friend

Emergency contact full name: _____ Phone (numbers only, no dashes): _____

STEP 3: PROGRAM OPTIONS & FEES:

The ISMRM & ISMRT Annual Meeting & Exhibition registration entitles registrants to either in-person or online access to the meeting (depending on registration type selected), the Proceedings of the meeting, and the Technical Exhibition. In addition, advance registrants for the Annual Meeting will have access to the Proceedings two weeks before the meeting via the ISMRM website. More information on this will be sent to the registrants in May 2024.

PROGRAM OPTIONS	ISMRT Full Member Fee*	Non-Member Fee (Technologist verification required)**
Special Local Singaporean Rate	<input type="checkbox"/> 4-Day (03-06 May): US\$595.00 US\$495.00	<input type="checkbox"/> 4-Day (03-06 May): US\$710.00 US\$610.00
	<input type="checkbox"/> 7-Day (03-09 May): US\$820.00 US\$720.00	<input type="checkbox"/> 7-Day (03-09 May): US\$1005.00 US\$905.00

*To qualify for an ISMRT Member rate, your 2024 membership dues must be paid.

**Non-member trainees and technologists/radiographers must provide verification of their current status to receive the reduced fee.

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

STEP 5: TECHNOLOGIST/RADIOGRAPHER VERIFICATION: (*Required for all technologists/radiographers who are registering as non-members.)

Supervisor's Name: _____ Institution Name: _____

Supervisor's Phone: _____ Supervisor's E-mail: _____

NEW **By checking the box you agree to our Attendee Code of Conduct Policy:** (I Agree to ISMRM Code of Conduct Policy)

STEP 6: PAYMENT INFORMATION: (Purchase orders will not be accepted as payment.)

Check enclosed (in US dollars drawn on a US bank made payable to ISMRM):
 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 04 April 2024. Refunds are subject to a 20% cancellation fee. There will be no refunds after the 04 April 2024 deadline. Registrations are not transferable. No attendee may substitute for another. Absolutely no exceptions will be made.