



# Society for Cardiovascular Magnetic Resonance

13TH ANNUAL SCIENTIFIC SESSIONS

SCMR SHERATON DOWNTOWN PHOENIX, PHOENIX, ARIZONA • JANUARY 21-24, 2010

## REGISTRATION FORM

For additional information or assistance with this form, telephone: 856-423-8955 option 3.

Save time - register online at [www.scmr.org](http://www.scmr.org).

### CONTACT INFORMATION – PLEASE PRINT OR TYPE

First (Given) Name	Middle Initial	Last (Family) Name	Name on badge	
Affiliation (Employer)	Position/Title		Degree	
Business Address	City	State/Province	Country	Zip Code
Business Telephone	Fax Number		E-Mail Address	

#### Primary Specialty (select one):

- Cardiologist
- Radiologist
- Non-Physician Scientist
- Nuclear Medicine
- Physician (other specialty)
- Technologist/Allied Health
- Non-Medical

#### Activities Engaged in (select all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Diagnostic CMR            | <input type="checkbox"/> Interventional CMR       | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Industry                  | <input type="checkbox"/> Echocardiography          | <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Cardiac CT                | <input type="checkbox"/> General Radiology         | <input type="checkbox"/> Invasive Cardiology      | <input type="checkbox"/> Stress CMR       |
| <input type="checkbox"/> Cardiac Surgery           | <input type="checkbox"/> General Ultrasound        | <input type="checkbox"/> Invasive Radiology       | <input type="checkbox"/> Teaching         |
| <input type="checkbox"/> Cardiothoracic Radiology  | <input type="checkbox"/> Hospital                  | <input type="checkbox"/> Nuclear Medicine (IA)    | <input type="checkbox"/> University       |
| <input type="checkbox"/> Clinical Cardiology       | <input type="checkbox"/> Internal Medicine         | <input type="checkbox"/> Pediatrics               |   |
|  | <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> PET Imaging              |   |

### REGISTRATION CATEGORIES AND FEES

check appropriate category)

	Early Bird Fees on or Before Dec 31, 2009	Regular Registration Starting Jan 1, 2010
<input type="checkbox"/> SCMR Member	\$515	\$590
<input type="checkbox"/> Registration with Courtesy Membership	\$750	\$825
<input type="checkbox"/> Trainee Member	\$215	\$250
<input type="checkbox"/> Technologist/Allied Health Member*	\$215	\$250
<input type="checkbox"/> Emeritus Member	\$215	\$250
<input type="checkbox"/> Non-Member	\$850	\$925
<input type="checkbox"/> Non-Member Trainee	\$330	\$380
<input type="checkbox"/> Non-Member Technologist/Allied Health*	\$330	\$380

#### Special Institutional Group Discount:

For every five paid regular registrations from the same institution, a complimentary trainee registration will be offered. All forms from the group must be submitted together via fax: +856-423-3420 or email: [meetings@scmr.org](mailto:meetings@scmr.org).

\*Note: Technologist/Allied Health Member and Non-Member Technologist/Allied Health general conference registrations include Scientific Sessions and Technologists Workshop.

### PRE-CONFERENCE COURSES

#### THURSDAY, JANUARY 21, 2010 (FULL DAY)

check appropriate category)

#### Physician Pre-Conference

- Member \$275 \$325
- Non-Member \$350 \$400

#### High-Field Imaging/Basic Science Pre-Conference

- Member \$150 \$200
- Non-Member \$200 \$250

### TECHNOLOGISTS WORKSHOP

check appropriate category)

- Technologist Workshop Only – Member \$150 \$180
- Technologist Workshop Only – Non-Member \$250 \$280

### MEMBERSHIP (JOIN OR RENEW)

check appropriate category)

- Regular Member \$225
- Trainee Member \$ 60
- Technologist/Allied Health Member \$ 60
- Emeritus Member \$ 60

TOTAL\*\* \$ \_\_\_\_\_ US

Please note: Membership renewal dues for 2010 must be paid by December 31, 2009 in order to receive a Member Rate for registration to the 13th Annual SCMR Scientific Sessions. Your credit card will be charged the Member/Non-Member difference if your renewal has not been processed by December 31, 2009.

### METHOD OF PAYMENT

Registration will not be processed without payment.

I wish to pay my fees by **credit card**. Please note: this charge will appear on your statement "SCMR Reg".

- American Express (15 digits)
- MasterCard (16 digits)
- Visa (13-16 digits)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder (print name as it appears on card): \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Enclosed is a **check** payable to **SCMR**. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Please consult your local bank before sending payment. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.

Note: Registrations paid by credit card may be faxed to 856-423-3420. Keep a copy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card.

\*\*Note: SCMR reserves the right to charge the correct amount if different from total.

Please check here to authorize SCMR to make your email address available to exhibitors at the 2010 SCMR Scientific Sessions.

Please check here if assistance is needed.

### CANCELLATION POLICY

All registration cancellation requests must be received via fax (856-423-3420), email ([meetings@scmr.org](mailto:meetings@scmr.org)) or in writing to SCMR Registration, 19 Mantua Road, Mt. Royal, NJ 08061 and postmarked no later than **December 31, 2009**. Fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after the December 31, 2009 deadline.**

RETURN THIS COMPLETED FORM WITH PAYMENT TO:  
**SCMR REGISTRATION**

**19 MANTUA ROAD, MT. ROYAL, NJ 08061**

**OR FAX: 856-423-3420**

**OR EMAIL: [MEETINGS@SCMR.ORG](mailto:MEETINGS@SCMR.ORG)**