21 ISMICS REIMAGINED Virtual Meeting Registration Form

Online registration available at: https://ismics.org/

PLEASE PRINT OR TYPE

NAME: **DEGREE:**

NPI #:

INSTITUTION:

ADDRESS:

CITY: **STATE/PROVINCE:** **ZIP:** **COUNTRY:**

PHONE: **FAX:** **EMAIL:**

Registration Type	Registration Fees	Quantity
ISMICS Member*	Complimentary*	
Guest Physician	$400	
Student/Resident/Fellow**	$100	
Allied Health Professional**	$150	
Non Exhibiting Industry	$1,500	

** Member fees will be honored for those ISMICS members in good standing with membership dues current by May 15th*
***With letter from Chief of Service*

TOTAL FEES DUE **$**

PAYMENT METHOD

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank.

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ **Check Enclosed**
Please make checks payable to ISMICS

Security Code: *(See card images above)*

CREDIT CARD NUMBER: **EXPIRATION DATE:** /

BILLING ADDRESS:
(If not the same as address listed above)

SIGNATURE: _____
I authorize ISMICS to charge my credit card the above fees.

CANCELLATION POLICY: Cancellations cannot be made via the on-line website, but must be made in writing to the ISMICS Administrative Offices. Direct your correspondence to: ISMICS, 500 Cummings Center, Suite 4400, Beverly, MA 01915.**If written notice of cancellation is received at the ISMICS Administrative Offices on or before June1, 2021**, the registration fee, less a $25 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after June1st. Fees cannot be reduced for partial attendance.

Please note, the $25 cancellation fee does not apply to Members with up to date dues.