

**UNIVERSITY OF WISCONSIN  
DEPARTMENT OF RADIOLOGY**



**4D Flow MRI  
Registration Form  
October 1 & 2, 2018**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please indicate any special needs:* \_\_\_\_\_

*Please indicate any dietary needs:* \_\_\_\_\_

**The registration fee is \$1500 payable by check to:  
UW BOARD OF REGENTS-DEPARTMENT OF RADIOLOGY**

**If payment is not received within three weeks of receiving the registration form,  
your registration may be cancelled.**

**Please remit registration form and payment to:  
UW Board of Regents-Department of Radiology  
ATTENTION: Karen Knipschild, Education Coordinator  
Department of Radiology, Rm. E1/372  
University of Wisconsin School of Medicine and Public Health  
600 Highland Avenue  
Madison, WI 53792-3252**

***Cancellation Policy***

The registration fee, less a \$50 administrative fee, is refundable if a written (via email, fax or mail) cancellation request is received thirty days prior to the course date. Please include your tax ID or social security number if requesting a refund. No refunds will be issued if notice is given less than 30 days prior to the course date; however, you may transfer your registration to a colleague.