



## 4D Flow MRI Northwestern Registration Form

July 19-20, 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:* \_\_\_\_\_

### Person Responsible for Payment:

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

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

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

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

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

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

The registration fee is \$1,500, payable by check to Northwestern University. If payment is not received within three weeks of receiving the registration form, your registration may be canceled.

Please remit registration form and payment to:

**4D Flow MRI Northwestern  
Department of Radiology  
Northwestern University  
Feinberg School of Medicine  
737 N. Michigan Avenue,  
Suite 1600  
Chicago IL 60611**

P: 312-695-1664

F: 312-926-5991

Email: [brenda.herrera@northwestern.edu](mailto:brenda.herrera@northwestern.edu)