It is our pleasure to invite you to the 5th Interventional MRI Symposium, organized by the Department of Radiology, Brigham and Women’s Hospital, Harvard Medical School, Boston, in cooperation with the Department of Diagnostic Radiology, University Leipzig, Germany and the Department of Radiology, John’s Hopkins University, Baltimore. The program will be composed of lectures by invited speakers and proffered papers. We encourage all engaged in the field of interventional MRI to submit abstracts to our symposium. The meeting is endorsed by the International Society of Magnetic Resonance in Medicine (ISMRM). Topics will include: State-of-the-art, novel concepts, future trends and developments in interventional and intraoperative MRI, impact on interdisciplinary clinical and scientific work in interventional MRI. A reception will be held celebrating the 10 year anniversary of the Image Guided Therapy program at BWH.

**TOPICS**

Operational Issues  
Biopsy  
Interventional MR Systems  
Thermal Therapy  
Intraoperative MRI  
Radiotherapy  
Pulse Sequences  
Vascular Applications  
Navigation Systems  
Targeted Drug Delivery
CALL FOR ABSTRACTS
Participants are encouraged to submit abstracts for papers or posters.

This is a paperless electronic submission process. Abstracts (1000 words or less) should be submitted as a word processing document (Microsoft Word, Corel WordPerfect, or Adobe Portable Document File) with figures and tables embedded. The abstract should have a title page separate with the authors, contact information, specified topic (from the list of topics) and preferred method of presentation (oral or poster). Each oral presentation session will be 8 minutes with 2 minutes of questions.

Individuals whose abstracts are selected will be expected to register for the meeting. Unfortunately, neither honoraria nor expenses can be paid to presenters of preferred papers or scientific posters/demonstrations.

DEADLINE FOR ABSTRACTS
August 01, 2004
Submit to: jcarrino@partners.org

ORAL PRESENTATIONS
The scientific sessions will include oral presentations of proffered papers. Speaking time will be 10 minutes including 2 minute discussions.

Oral presentations will be held on:

Friday
8:00 am - 12:00 pm
2:00 pm - 5:00 pm

Saturday
8:00 am - 12:00 pm
1:00 pm - 5:00 pm

POSTER PRESENTATIONS
A poster exhibition will be held throughout the meeting. A poster discussion session is scheduled for Friday, October 15 from 1:00-2:00 pm. All poster authors must be present and prepared to discuss their work during the session.

POSTER AWARD
To appreciate the high level of scientific exhibits three poster awards will be given.

RECEPTION
Date and time to be announced.

ACCOMMODATIONS
Hotel rooms in Boston and Cambridge are limited. You are urged to make your reservations early. A limited number of rooms have been reserved at the Cambridge Marriott (800) 228-9290 or (617) 494-6600 until September 23, 2004. Please specify that you are enrolled in the 5th Interventional MRI Symposium course to receive a reduced room rate.

FOR MORE INFORMATION
For any questions regarding the program or abstract process please contact the course coordinators at 617-732-5961 or by email:

Debra O’Shea
djo@bwh.harvard.edu
John Carrino
jcarrino@partners.org

LOCAL ORGANIZING COMMITTEE
Peter Black, MD, PhD
Anthony D’Amico, MD, PhD
Janice Fairhurst, RT, (R)
Alex Golby, MD
Kullervo Hynynen, PhD
Daniel Kacher, MS
Angela Kanani, RN, BSN
Ron Kikinis, MD
Paul Morrison, MS
Marsha O’Neil, MS
Lawrence Panych, PhD
Richard Schwartz, MD, PhD
Stuart Silverman, MD
Clare Tempany, MD
George Topulos, MD
Kemal Tuncali, MD
Kirby Vosburgh, PhD

Registration Fee
Course # 20043
Before August 31, 2004 $300.00 (US)
After August 31, 2004 $350.00 (US)

Full Name Last
First
Degree Hospital
Street
City State Zip Code
Country
Daytime Phone
Fax Number
Email Address

Form of Payment (please check one)

☐ Check is enclosed:
Please make your check payable to BWPO and mail it with this registration form to: Danielle Kiette, 1620 Tremont St, 3rd Floor, Boston, MA 02120

☐ Bill my credit card:

☐ VISA   ☐ MASTERCARD   ☐ AMEX

Credit Card Number
________________________________________________________
Expiration Date ______________
Signature _________________________________________

Registrations paid by credit card can be faxed to 617-525-7333, or mailed to the above address.

Tuition Fee: $_____________