



Advance Registration Deadline: June 20, 2019 (Registrations will ONLY be accepted onsite after this date – no exceptions)

Completed registration forms should be emailed, faxed or mailed to the SRS Office. Online registration is available at [www.srs.org/imast2019/registration](http://www.srs.org/imast2019/registration).  
Email: [meetings@srs.org](mailto:meetings@srs.org) | Fax +1 414-276-3349 | Mailing Address: Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, United States

### COMPANY/BILL TO INFORMATION

Company Name		
Company Representative	SRS ID#	
Email Address (Invoice and all correspondence will be sent to this email)		
Mailing Address		
City	State	Zip/Postal Code
Country		

Base Registration Fees*	Advance Registration On or Before June 20, 2019
SRS Fellow – Physician	\$900 USD
SRS Fellow – Non-Physician	\$450 USD
SRS Emeritus Fellow	\$450 USD
Resident/Fellow/Medical Student	\$450 USD
Non-Member Physician	\$1,100 USD
Non-Member Non-Physician	\$550 USD
Industry Representative	\$1,150 USD
Delegates from Reduced Rate Countries**	\$400 USD

SRS will verify member types and apply discounts where delegates are eligible.

\*The delegate base registration fee includes entrance to all general and concurrent sessions, the IMAST exhibit hall, industry workshops, breaks, lunches, and the cases & cocktail sessions and the Welcome Reception on Wednesday, July 17.

\*\*For information on countries that qualify for reduced rate registration, please visit the SRS website at [www.srs.org/imast2019/registration](http://www.srs.org/imast2019/registration).

### PAYMENT INFORMATION

#### Group Registration Policy:

All Group Registrants must be completed and submitted by June 20, 2019. Registration name changes can be made through June 20, 2019 at no charge. After June 20 each name change will be charged an administrative fee of \$100 per name change. Any delegate not included on the group registration form will be treated as an individual registration; delegates registered as individuals will not be added to group registration invoices.

All delegates must have their own email address listed under their name.

Corporate Supporters and/or Exhibitors with complimentary registration codes; please indicate who the code is being applied to by writing the code next to the delegate's name. If no codes are written in, complimentary registrations will be applied to delegate registrations in the order they are listed on the form.

#### Invoice:

An invoice will be provided to company/group representative. This invoice will contain all registration fees for all delegates listed; all invoices must be paid by June 20, 2019. Any registration changes made onsite will be invoiced after the meeting.

#### Cancellation Policy:

All cancellations must be received in writing. Delegates may fax their cancellation to (414) 276-3349 or email it to [meetings@srs.org](mailto:meetings@srs.org). Delegates will receive a confirmation and refund within 14 days of receipt of their cancellation notice. SRS will grant a full refund, less a 10% processing fee, for cancellations received in writing on or before June 20, 2019. No refunds will be granted after June 20, 2019.

SRS Tax ID #23-7181863

#### Waiver:

Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the RAI Amsterdam Convention Centre and their respective agents, servants, employees, representatives, successors, and assigns, from any and against all claims, demands, causes of action, damages, costs and expenses, including attorneys' fees, for injury to person or damage to property arising out of attendance at IMAST 2019. In addition, the delegate hereby grants permission to use his/her likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration, agreeing that these materials will become the property of SRS which has the right to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose. Additionally, the delegate waives any right to royalties or other compensation arising or related to the use of the photograph.

- Include me on the delegate list provided to exhibitors and workshop supporting companies so that they may send me information about their products, services and involvement at the meeting.
- Include me on any published delegate list including programs, mobile apps, etc.

For more information, please read our privacy policy ([www.srs.org/about-srs/contact-us/privacy-policy](http://www.srs.org/about-srs/contact-us/privacy-policy)).

### DELEGATE INFORMATION

Delegate 1		Discount Code: _____
First (Given) Name		
Last (Family) Name		
Suffix (Jr., III, etc)		SRS ID#
Degree (MD, PhD, etc)		
Delegate Email address — must be delegate's individual email		
Institution		
City		
Country (to appear on badge)		
Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/> Industry <input type="checkbox"/> Reduced Rate Country <input type="checkbox"/>		

Delegate 2		Discount Code: _____
First (Given) Name		
Last (Family) Name		
Suffix (Jr., III, etc)		SRS ID#
Degree (MD, PhD, etc)		
Delegate Email address — must be delegate's individual email		
Institution		
City		
Country (to appear on badge)		
Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/> Industry <input type="checkbox"/> Reduced Rate Country <input type="checkbox"/>		

Delegate 3		Discount Code: _____
First (Given) Name		
Last (Family) Name		
Suffix (Jr., III, etc)		SRS ID#
Degree (MD, PhD, etc)		
Delegate Email address — must be delegate's individual email		
Institution		
City		
Country (to appear on badge)		
Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/> Industry <input type="checkbox"/> Reduced Rate Country <input type="checkbox"/>		

Delegate 4		Discount Code: _____
First (Given) Name		
Last (Family) Name		
Suffix (Jr., III, etc)		SRS ID#
Degree (MD, PhD, etc)		
Delegate Email address — must be delegate's individual email		
Institution		
City		
Country (to appear on badge)		
Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/> Industry <input type="checkbox"/> Reduced Rate Country <input type="checkbox"/>		

Delegate 5		Discount Code: _____
First (Given) Name		
Last (Family) Name		
Suffix (Jr., III, etc)		SRS ID#
Degree (MD, PhD, etc)		
Delegate Email address — must be delegate's individual email		
Institution		
City		
Country (to appear on badge)		
Physician <input type="checkbox"/> Non-Physician <input type="checkbox"/> Industry <input type="checkbox"/> Reduced Rate Country <input type="checkbox"/>		

\*Please use additional forms to register more than 5 delegates.

\*\*Delegate's personal email addresses are required. The company representative will be copied on all correspondence.