



GUEST Registration Form

26th International Meeting On Advanced Spine Techniques

JULY 17-20, 2019 Amsterdam, The Netherlands | RAI Amsterdam Convention Centre

IMAST 2019 
amsterdam
THE NETHERLANDS

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.
Email: meetings@srs.org | Fax +1 414-276-3349 | Mailing Address: Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, United States

GUEST INFORMATION

SRS ID Number	First (Given) Name	Last (Family) Name	Suffix (Jr., III, etc)	Degree (MD, PhD, etc)
Email Address (All correspondence is done by email)			Institution	
Mailing Address				
City	State	Zip/Postal Code	Country (To appear on badge)	
Dietary Restrictions/Requirements				

I am a guest of the following REGISTERED delegate:

SRS ID Number	First (Given) Name	Last (Family) Name	City
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Base Registration Fees*

*Guest registration does not include entrance to the scientific sessions.

Guest \$0 USD

*Guests registering using this form are able to register for the Welcome Reception on Wednesday, July 17 for \$20. Entrance to the scientific sessions is not included in the guest registration fee. Only guests registered as Non-Member Non-Physicians using the Delegate registration form will be allowed to participate in the scientific sessions and breaks. Sorry, no exceptions will be made.

Social Event Add-Ons

Date	Additional Fee
Welcome Reception	\$20 USD <input type="checkbox"/>

Total Fees \$ _____ USD

PAYMENT INFORMATION

Checks (US funds drawn on a US bank only) may be made payable and mailed to:
Scoliosis Research Society • 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202

Or provide credit card information with complete billing address:

Check Enclosed Visa MasterCard American Express

Card Number	Security Code	
Expiration Date		
Name (As it appears on the card)		
Billing Address		
City	State	Zip/Postal Code
Country		
Signature (I agree to pay according to the card issuer agreement)		

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. 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.

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.

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