



RECEPTION TICKET REQUEST

23RD International Meeting on Advanced Spine Techniques • JULY 13–16, 2016 • WASHINGTON, D.C., USA • MARRIOTT MARQUIS ADVANCE REGISTRATION DEADLINE: JUNE 15, 2016 (Registrations will ONLY be accepted onsite after this date – no exceptions)

DELEGATE INFORMATION

ONLINE REGISTRATION AVAILABLE AT WWW.SRS.ORG/IMAST2016/REGISTRATION

SRS ID Number					
First (Given) Name	Last (Family) Name		Suffix (Jr., III, etc)	Degree (MD, PhD, etc)	
mail Address (All correspondence	is done by email)				
Social Event Add-Ons*	Date	Additional Fee	PAYMENT INFORM	ATION	
Course Reception	Friday, July 15	\$25 USD	0		
All delegates must be registered t Ill guests must use the guest regis		cket and may only purchase one ticket per delegate.	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		
				ion with complete billing address: ☐ MasterCard ☐ American Express	
Total Fees \$_		USD	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)		