



23RD International Meeting on Advanced Spine Techniques • JULY 13–16, 2016 • WASHINGTON, D.C., USA • MARRIOTT MARQUIS
ADVANCE REGISTRATION DEADLINE: JUNE 1, 2016 (Registrations will ONLY be accepted onsite after this date – no exceptions)

COMPANY/BILL TO INFORMATION

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

Company Name _____

Company Representative _____

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 15, 2016
SRS Fellows – Physician	\$850 USD
SRS Fellows – Non-Physician	\$400 USD
SRS Emeritus Fellows	\$400 USD
Resident/Fellow/Medical Student	\$400 USD
Non-Member Physician	\$1,050 USD
Non-Member Non-Physician	\$500 USD
Industry Representative	\$1,100 USD
Delegates from Reduced Rate Countries**	\$350 USD

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

* The delegate base registration fee includes entrance to the general and concurrent sessions, special symposia, instructional course lectures, roundtable discussions, complications series, debates, lunch with the experts, the IMAST exhibit hall, breakfasts, breaks, lunches, and the Welcome Reception on Wednesday, July 13.

**For information on countries that qualify for reduced rate registration, please visit the SRS website at www.srs.org/imast2016/registration.

PAYMENT INFORMATION

Group Registration Policy:

All Group Registrants must be completed and submitted by June 1, 2016. Any Pre-Registration name changes can be made through June 15, 2016 at no charge. After June 15 each name change will be charged an administrative fee of \$100 per badge. 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 to ensure certificates of attendance and CME credits are correctly distributed.

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, for groups registering more than 5 delegates, one week post the June 15 name change deadline. This invoice will contain all registration fees for all delegates listed; all invoices must be paid by July 8, 2016.

Any registration fees, registration name change fees or add-ons made after June 15 and/or onsite will be invoiced separately. Post meeting invoices will be sent out 4 weeks following IMAST.

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 July 1, 2016. No refunds will be granted after July 1, 2016. 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 Marriott Marquis 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 2016. 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.

- I do not wish to be included on the delegate list provided to exhibitors.
- I do not wish to be included on any published delegate list including programs, mobile apps, etc.

DELEGATE INFORMATION

Delegate 1

First (Given) Name _____ Last (Family) Name _____

Suffix (Jr., III, etc) _____ Degree (MD, PhD, etc) _____

Delegate Email address — must be delegate's individual email _____

Institution _____

City _____ Country (to appear on badge) _____

Course Reception Ticket: \$25 USD

Physician Non-Physician Industry Resident/Fellow/Medical Student

Delegate 2

First (Given) Name _____ Last (Family) Name _____

Suffix (Jr., III, etc) _____ Degree (MD, PhD, etc) _____

Delegate Email address — must be delegate's individual email _____

Institution _____

City _____ Country (to appear on badge) _____

Course Reception Ticket: \$25 USD

Physician Non-Physician Industry Resident/Fellow/Medical Student

Delegate 3

First (Given) Name _____ Last (Family) Name _____

Suffix (Jr., III, etc) _____ Degree (MD, PhD, etc) _____

Delegate Email address — must be delegate's individual email _____

Institution _____

City _____ Country (to appear on badge) _____

Course Reception Ticket: \$25 USD

Physician Non-Physician Industry Resident/Fellow/Medical Student

Delegate 4

First (Given) Name _____ Last (Family) Name _____

Suffix (Jr., III, etc) _____ Degree (MD, PhD, etc) _____

Delegate Email address — must be delegate's individual email _____

Institution _____

City _____ Country (to appear on badge) _____

Course Reception Ticket: \$25 USD

Physician Non-Physician Industry Resident/Fellow/Medical Student

Delegate 5

First (Given) Name _____ Last (Family) Name _____

Suffix (Jr., III, etc) _____ Degree (MD, PhD, etc) _____

Delegate Email address — must be delegate's individual email _____

Institution _____

City _____ Country (to appear on badge) _____

Course Reception Ticket: \$25 USD

Physician Non-Physician Industry Resident/Fellow/Medical Student

*Please use additional forms to register more than 5 delegates.
**Delegates personal email addresses are required. The company representative will be copied on all correspondence.