



# IMAST 2016 GUEST

REGISTRATION  
FORM

23<sup>RD</sup> 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)**

## GUEST INFORMATION

**ONLINE REGISTRATION AVAILABLE AT [WWW.SRS.ORG/IMAST2016/REGISTRATION](http://WWW.SRS.ORG/IMAST2016/REGISTRATION)**

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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<b>Base Registration Fees*</b>	<b>Advance Registration</b>
*Guest attendance only includes the ability to register for social events and does not include session admittance.	On or Before June 15, 2016
Guest	<input type="checkbox"/> \$0 USD

\*Guests registering using this form are able to register for the Welcome Reception on Wednesday, July 13 for \$20 and the Course Reception on Friday, July 15 for an additional \$30. **Entrance to the scientific sessions is not included in the guest registration fees.** Only guests registered as Non-Member Non-Physicians will be allowed to participate in the scientific sessions and breaks. Please use the delegate registration form to register as a Non-Member Non-Physician. Sorry, no exceptions will be made.

Social Event Add-Ons	Date	Additional Fee	
Welcome Reception	Wednesday, July 13	\$20 USD	<input type="checkbox"/>
Course Reception	Friday, July 15	\$30 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](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 July 1, 2016. No refunds will be granted after July 1, 2016.

**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.

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