



SRS 54TH ANNUAL MEETING

GUEST ONSITE REGISTRATION FORM
MONTRÉAL, CANADA • PALAIS DES CONGRÈS DE MONTRÉAL • SEPTEMBER 18-21, 2019

GUEST

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 (To appear on badge)

State

Zip/Postal Code

Country (To appear on badge)

I am a guest of the following REGISTERED delegate:

SRS ID Number First (Given) Name Last (Family) Name City

Admission to sessions is NOT included in guest registration. **Guests wishing to attend the Scientific Sessions should register as a non-member, non-physician utilizing the delegate registration form.**

Guest Registration Fee*	Onsite Registration
Guest	<input type="checkbox"/> \$0 USD / \$0 CAD

*Guest registration only includes the ability to register for social events including the Opening Ceremonies & Welcome Reception on Wednesday, September 18 and the Farewell Reception on Friday, September 20. Payment is accepted in Cash (USD or CAD) or Credit Card (USD Only).

SOCIAL EVENT ADD-ONS

Welcome Reception & Opening Ceremonies	Wednesday, September 18 (18:30-21:30)	<input type="checkbox"/> \$100 USD / \$130 CAD
Farewell Reception	Friday, September 20 (19:00-22:00)	<input type="checkbox"/> \$175 USD / \$230 CAD

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Palais des congrès de Montréal 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 the 54th Annual Meeting. 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.

TOTAL FEES \$ _____

SRS Tax ID #23-7181863

STAFF USE ONLY		
Staff Initials:	Date:	PAYMENT TYPE: <input type="checkbox"/> Cash <i>USD or CAD</i> <input type="checkbox"/> Credit Card