



SRS 50th ANNUAL MEETING & COURSE

DELEGATE REGISTRATION FORM

Minneapolis, MN, USA • Hilton Minneapolis • September 30 – October 3, 2015

Online Registration Available at:
www.srs.org/meetings/am15/

DELEGATE

SRS-0415-351

ADVANCE REGISTRATION DEADLINE: AUGUST 15, 2015 (Registrations will ONLY be accepted onsite after this date – no exceptions.)

Delegate 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)

Specialty: Orthopaedic Surgeon Neurosurgeon Other:

Assistant/ Company Personnel Email Address

Dietary Restrictions/Requirements: Please email any special dietary restrictions or other requirements to meetings@srs.org

Delegate Registration Fees

Select your base registration by selecting either All CME Sessions, Annual Meeting or Annual Meeting & Course in **section 1**. All other items in **section 2** are a la carte. For more information regarding the base registration and session types, please visit <http://www.srs.org/meetings/am15/>.

Registration Class	Section 1* — Select 1 (A, B or C)			Section 2 — A la Carte		TOTAL FEES (Section 1 + A la Carte in Section 2)
	A. **All CME Sessions** Annual Meeting & Course with Half-Day Course Wed-Sat Sept 30- Oct 3	B. Annual Meeting & Course Wed-Sat Sept 30- Oct 3	C. Annual Meeting Only Thurs-Sat Oct 1-3	Farewell Banquet Fri, Oct 2 7:00-10:00pm	Wine & Chocolate Tasting Thurs, Oct 1 4:45pm	
SRS Fellow- Physician	<input type="checkbox"/> \$ 1030	<input type="checkbox"/> \$ 1000	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
SRS Fellow- Non-Physician	<input type="checkbox"/> \$ 580	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
SRS Emeritus Fellow	<input type="checkbox"/> \$ 580	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
Non-Member Physician	<input type="checkbox"/> \$ 1230	<input type="checkbox"/> \$ 1200	<input type="checkbox"/> \$ 950	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
Non-Member Non-Physician	<input type="checkbox"/> \$ 630	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
Resident/ Fellow/ Medical Student	<input type="checkbox"/> \$ 530	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
Industry Representative	<input type="checkbox"/> \$ 1280	<input type="checkbox"/> \$ 1250	<input type="checkbox"/> \$ 1000	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	
Reduced Rate Countries**	<input type="checkbox"/> \$ 530	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	

*Any base registration selected in section 1 includes entrance to the general and concurrent scientific sessions, lunchtime symposium, breakfasts, breaks, lunches and the Welcome Reception & Opening Ceremonies on Wednesday, September 30.

Total Fees \$ _____

**For information on countries that qualify for reduced rate registration, please visit <http://www.srs.org/professionals/meetings/am15/>

One-Day Registration or Pre- Meeting Course Only

(For one-day registration only! Please do not complete if above table is completed.)

	Pre-Meeting Course Only Sept. 30	One-Day Registration Oct 1 Includes Half-Day Course	One-Day Registration Oct. 2 Course Reception Ticket Must be Requested Separately	One-Day Registration Oct. 3
SRS Fellows – Physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
SRS Fellows – Non-Physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
SRS Emeritus Fellows	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
Non-Member Physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
Non-Member Non-Physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
Resident/Fellow/Medical Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$150
Industry Representative	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
Reduced Rate Country*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$150

*For information on countries that qualify for reduced rate registration, please visit <http://www.srs.org/meetings/am15/>

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 September 1, 2015. No refunds will be granted after September 1, 2015.

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Hilton Minneapolis 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 50th Annual Meeting & Course. 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.

SRS Tax ID #23-7181863

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

Payment Information

Checks (U.S. funds drawn on a U.S. 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 complete with billing address:

Check Enclosed Visa MasterCard American Express

Card Number

Security Code

Expiration Date

Name (As it appears on card)

Billing Address

City

State

Zip/Postal Code

Country

Signature (I agree to pay according to the credit card issuer agreement)