



# SRS 50th ANNUAL MEETING & COURSE

## GROUP REGISTRATION FORM

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

Online Registration Available at:

[www.srs.org/meetings/am15/](http://www.srs.org/meetings/am15/)

GROUP

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

SRS-0415-351

### Company/Bill to Information

Company Name

Company Representative

Email Address (Invoice and all confirmations will be sent to this email)

Mailing Address

City State

Zip/Postal Code Country (To appear on badge)

### Base Registration Fees

Registration Class	A. **All CME Sessions** Annual Meeting & Course with Half-Day Course Wed-Sat Sept 30- Oct 3	Section 1* — Select 1		Section 2 — A la Carte	
		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	\$ 1030	\$ 1000	\$ 750	\$ 50	\$ 110
SRS Fellow – Non-Physician	\$ 580	\$ 550	\$ 300	\$ 50	\$ 110
SRS Emeritus Fellow	\$ 580	\$ 550	\$ 300	\$ 50	\$ 110
Non-Member Physician	\$ 1230	\$ 1200	\$ 950	\$ 50	\$ 110
Non-Member Non-Physician	\$ 630	\$ 600	\$ 350	\$ 50	\$ 110
Resident/Fellow/Medical Student	\$ 530	\$ 500	\$ 350	\$ 50	\$ 110
Industry Representative	\$ 1280	\$ 1250	\$ 1000	\$ 50	\$ 110
Reduced Rate Countries*	\$ 530	\$ 500	\$ 350	\$ 50	\$ 110

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

\*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.

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

### Delegate 1

First (Given) Name Last (Family) Name Suffix (Jr, III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

City (To appear on badge) Country (To appear on badge)

Class	All CME Sessions	Annual Meeting & Course	Annual Meeting Only	Farewell Banquet	Wine & Chocolate Tasting
SRS Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Delegate 2

First (Given) Name Last (Family) Name Suffix (Jr, III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

City (To appear on badge) Country (To appear on badge)

Class	All CME Sessions	Annual Meeting & Course	Annual Meeting Only	Farewell Banquet	Wine & Chocolate Tasting
SRS Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Delegate 3

First (Given) Name Last (Family) Name Suffix (Jr, III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

City (To appear on badge) Country (To appear on badge)

Class	All CME Sessions	Annual Meeting & Course	Annual Meeting Only	Farewell Banquet	Wine & Chocolate Tasting
SRS Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Delegate 4

First (Given) Name Last (Family) Name Suffix (Jr, III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

City (To appear on badge) Country (To appear on badge)

Class	All CME Sessions	Annual Meeting & Course	Annual Meeting Only	Farewell Banquet	Wine & Chocolate Tasting
SRS Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Delegate 5

First (Given) Name Last (Family) Name Suffix (Jr, III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

City (To appear on badge) Country (To appear on badge)

Class	All CME Sessions	Annual Meeting & Course	Annual Meeting Only	Farewell Banquet	Wine & Chocolate Tasting
SRS Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*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.

### Payment Information

An invoice will be provided to the company within 2 weeks of submission. All invoices must be paid in full before registrations are confirmed. Payment information will be requested at the time of invoice.

**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 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.