



IMAST 2017 DELEGATE



ONSITE REGISTRATION FORM

24th INTERNATIONAL MEETING ON ADVANCED SPINE TECHNIQUES • JULY 12–15, 2017 • CAPE TOWN • SOUTH AFRICA

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 State Zip/Postal Code Country (To appear on badge)

Specialty: Orthopaedic Surgeon Neurosurgeon Other: _____

Assistant/Company Personnel Email Address: _____

Dietary Restrictions/Requirements: _____

| Base Registration Fees* | Onsite | | One-Day Registration July 12 <input type="checkbox"/> or 15 <input type="checkbox"/> | | One-Day Registration July 13 <input type="checkbox"/> or 14 <input type="checkbox"/> | |
|---|----------------------------------|-----------------------------------|---|----------------------------------|---|----------------------------------|
| | USD | ZAR | USD | ZAR | USD | ZAR |
| SRS Fellows – Physician | <input type="checkbox"/> \$950 | <input type="checkbox"/> R 12,175 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| SRS Fellows – Non-Physician | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| SRS Emeritus Fellows | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| Resident/Fellow/Medical Student | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| Non-Member Physician | <input type="checkbox"/> \$1,150 | <input type="checkbox"/> R 14,740 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| Non-Member Non-Physician | <input type="checkbox"/> \$600 | <input type="checkbox"/> R 7,690 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| Industry Representative | <input type="checkbox"/> \$1,200 | <input type="checkbox"/> R 15,380 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |
| Delegates from Reduced Rate Countries** | <input type="checkbox"/> \$450 | <input type="checkbox"/> R 5,770 | <input type="checkbox"/> \$250 | <input type="checkbox"/> R 3,200 | <input type="checkbox"/> \$500 | <input type="checkbox"/> R 6,400 |

* 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 12. To register a guest please see guest form.

**For information on countries that qualify for reduced rate registration, please ask a registration staff member.

| Social Event Add-Ons | Date | Additional Fee | |
|----------------------|--------------------|-------------------------------|--------------------------------|
| | | USD | ZAR |
| Welcome Reception | Wednesday, July 12 | <input type="checkbox"/> \$0 | <input type="checkbox"/> R 0 |
| Course Reception | Friday, July 14 | <input type="checkbox"/> \$25 | <input type="checkbox"/> R 320 |

Total Fees \$ _____ USD

Waiver:

Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Cape Town International Convention Centre (CTICC) 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 2017. 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.

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Staff Initials Date Author Code IPAD #