



SRS 52ND ANNUAL MEETING & COURSE

DELEGATE REGISTRATION FORM - ONSITE

PHILADELPHIA, PA, USA • PHILADELPHIA MARRIOTT DOWNTOWN • SEPTEMBER 6-9, 2017

DELEGATE

SRS-0717-501

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: <input type="checkbox"/> Orthopaedic Surgeon <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Other: _____				
Assistant/ Company Personnel Email Address				

Registration Instructions

1. Select your Annual Meeting registration class and rate in the first column of the registration table below;
2. Select any CME and/or Non-CME Add-Ons you want to attend, as listed in the table below;
3. Write the total fees from all columns;
4. If you wish to register for only one day of the meeting, please use the One Day Registration table.

Registration Class	Annual Meeting* Thurs-Sat, Sept 7-9 <i>(includes Half-Day Course)</i>	CME Add-Ons		Non-CME Add-Ons		TOTAL FEES
		Pre-Meeting Course Wed, Sept 6	Hibbs Society Tues, Sept 5, 1:00-5:00pm	Farewell Reception Fri, Sept 8, 7:00-10:00pm		
SRS Fellow- Physician	<input type="checkbox"/> \$ 880	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
SRS Fellow- Non-Physician	<input type="checkbox"/> \$ 430	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
SRS Emeritus Fellow	<input type="checkbox"/> \$ 430	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
Non-Member Physician	<input type="checkbox"/> \$ 1080	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
Non-Member Non-Physician	<input type="checkbox"/> \$ 480	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
Resident/ Fellow/ Medical Student	<input type="checkbox"/> \$ 480	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
Industry Representative	<input type="checkbox"/> \$ 1130	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	
Reduced Rate Countries**	<input type="checkbox"/> \$ 480	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	

*Annual Meeting registration includes entrance to the general and concurrent scientific sessions, lunchtime symposium, Half-day Courses (Thursday, Sept. 7, 12:00-4:00pm), breakfast, breaks, lunches, and the Welcome & Opening Ceremonies on Wednesday, September 6.

**For information on countries that qualify for reduced rate registration, please visit <http://www.srs.org/am17>

Total Fees \$ _____

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Philadelphia Marriott Downtown 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 52nd 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.

One Day Registration Only

Registration Class	One Day: Wed, Sept 6 Includes Pre-Meeting Course	One Day: Thurs, Sept 7 Includes Half-Day Course	One Day: Fri, Sept 8 <i>Farewell Reception ticket must be requested separately</i>	One Day: Sat, Sept 9
SRS Fellow- Physician	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 250
SRS Fellow- Non-Physician	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 250
SRS Emeritus Fellow	<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"/> \$ 250	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 250
Resident/ Fellow/ Medical Student	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 530	<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 Countries**	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 150

STAFF USE ONLY

Staff Initials	Date	Auth Code	iPad#
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