ADVANCE REGISTRATION DEADLINE: AUGUST 15, 2017 (Registrations will ONLY be accepted onsite after this date – no exceptions.)

	lnform	

SRS ID Number	nber First (Given) Name Last		Last (Family) Name	e	Suffix (Jr., III, etc.)	Degree (MD	Degree (MD, PhD, etc.)	
Email Address (All	correspondence is	done by email.)						
Institution								
Mailing Address								
City (To appear or	badge)		State					
Zip/Postal Code			Country (To appea	ar on badge)				
I am a gues	st of the foll	owing REGISTER	ED delegate:					
SRS ID Number		First (Given) Name		Last (Family) Name	City			
			restrictions or other requiremen	•	,			
Admission to sessions is NOT included with either guest registration options. member, non-physician utilizing the delegate registration form. Option A: Guest Base Registration Fees			Option B: A la Carte Guest Registration Fees					
		Advance Registration On or Before August 15, 2017	Onsite Registration September 6-9, 2017	Welcome Reception & Opening Ceremonies	Wednesday, September 6	(6:30pm)	□\$100	
Guest		□ \$300	□ \$350	Farewell Banquet	Friday, September 8 (7:00)-10:00pm)	□ \$175	
Farewell Banqu	et Ticket	□ \$50			The social event fee includes entra ednesday, September 6 and/ or the			
& Opening Ceremon including breakfast,	nies on Wednesday, S on Thursday, Septe	September 6 as well as use of mber 7 through Saturday, S	nce to the Welcome Reception the Guest Hospitality Suite, eptember 9. Farewell Banquet ditional charge on the website.	September 8. This does not in on Thursday, September 7 three		ality Suite, includ	ling breakfast	
	ds drawn on a U.			Scoliosis Research Society • 55 d □ Visa □ MasterCard		Milwaukee, W	T 53202	
Card number								
Security Code				Expiration Date				
Name (As it appea	rs on card)							
Billing Address								
City			St	tate				
Zip/Postal Code			C	Country				
Signature (I agree	to pay according to	o the credit card issuer agr	eement.)					
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 August 15, 2017. No refunds will be granted after August 15, 2017.			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.					
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			SRS Tax ID #23-7181863	other compensation ansing or related	a to the use of the	. риогодгарп.		
their respective agent	s, servants, employe	es, representatives, successors ion, damages, costs, and exp	s, and assigns, from any and	_	d on the delegate list provided to co	rporate sponsors		
		ion, damages, costs, and expo roperty arising out of attenda			on any published delegate list includ		obile apps, etc	