Online Registration Available at: www.srs.org/am18 /registration

BOLOGNA, ITALY • BOLOGNA POLO CONGRESSUALE • OCTOBER 10-13, 2018

ADVANCE REGISTRATION DEADLINE: SEPTEMBER 10, 2018 (Registrations will ONLY be accepted onsite after this date – no exceptions.)

GUEST	INIEODI	ATION
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SRS ID Number	First (Given) Name	Last (Family) Name		Suffix (Jr., III, etc.)	Degree (MD, PhD,		
Email Address (All	correspondence is done by email.)						
Institution							
Mailing Address							
City (To appear on	n badge)	State					
Zip/Postal Code		Country (To appear on badge)					
I am a guest of	f the following REGISTEREI) delegate:					
SRS ID Number	First (Given) Name		Last (Family) Name	City			
Dietary Restrictions	/Requirements: Please email any special di	etary restrictions or other requiremen	nts to meetings@srs.org				
			SOCIAL EVENT ADD-C	NS			
Base Registration	on Fee*	Advance Registration On or Before	Welcome Reception & Opening Ceremonies	Wednesday, October 10 (6:3	30pm) □\$1		
Guest		September 10, 2018 \$\sum \\$0\$	Farewell Reception	Friday, October 12 (7:00-10	0:00pm)		
*Guest registration only includes the ability to register for social events including the Opening Ceremonies & Welcome Reception on Wednesday, October 10 and the Farewell Reception on Friday, October 12. All registration rates are in USD.		TOTAL FEES \$ Include me on the delegate list provided to corporate sponsors ☐ Include me on any published delegate list including programs, mobile apps, etc.					
	NFORMATION ds drawn on a U.S. bank only) may l	ne made payable and mailed to:	Scoliosis Research Society • 55	5 E. Wells Street, Suite 1100 • M	filwaukee, WI 5320		
Or provide credit	card information complete with bill	ing address:	d □Visa □MasterCard	☐ American Express			
Card number							
Security Code				Expir	ation Date		
Name (As it appear	rs on card)						
Billing Address							
City		S	state				
Zip/Postal Code		(Country				
Signature (I agree 1	to pay according to the credit card issue	r agreement.)					

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 10, 2018. No refunds will be granted after September 10, 2018.

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Bologna Polo Congressuale 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 53rd 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.

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