

SCOLIOSIS RESEARCH SOCIETY

Worldwide Course Proposal

Please review the attached guidelines before completing the proposal. All items must be completed for consideration.

Date Submitted: _____

Course Proposed by:

Individual SRS Member – Name _____

Individual Non-SRS Member – Name _____

SRS Committee – Name of Committee _____

Institution – Name of Institution _____

Organization – Name of Organization _____

Contact Information for Correspondence:

Name: _____

Address: _____

Email: _____

Proposed Location (City): _____

Suggested Dates:

First Choice: _____ Second Choice: _____ Third Choice: _____

Length of Course: _____

Will the program be (check one)

Incorporated into the Annual Meeting/Congress of the host society

In conjunction with another meeting - list meeting: _____

Are there possible date conflicts with other meetings? Yes (list below) No

Suggested Venues (hotels, conference centers or other locations with adequate meeting space)

1) _____

2) _____

3) _____

Attending Audience Skill Level:

Basic Advanced Other: _____

Projected Number of Program Attendees: _____

Suggested Members for Organizing Committee:

Name	Responsibility
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	
6) _____	

Suggested Format – check all that apply and indicate percentage of the program for each

- | | |
|--|--|
| <input type="checkbox"/> Case Discussions - % _____ | <input type="checkbox"/> Panel Discussions - % _____ |
| <input type="checkbox"/> Debates - % _____ | <input type="checkbox"/> Posters - % _____ |
| <input type="checkbox"/> Didactic Lectures - % _____ | <input type="checkbox"/> Workshops - % _____ |
| <input type="checkbox"/> Free Papers - % _____ | <input type="checkbox"/> Other _____ - % _____ |

Suggested Main Topics (Sections)

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Suggested Faculty

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

Will there be commercial exhibits? Yes No
If yes, estimated number of stands: _____ Suggested price for each stand: _____

Other Information: _____

Please submit completed form to:

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Scoliosis Research Society
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Milwaukee, WI 53202 USA
Fax: +1 414 276 3349
Submit by email to: latonio@srs.org