

**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 – and local spine surgeon (Are both of you interested to function as course chair persons? If the local surgeon is an SRS member, he/she can act as single chairperson, if so desired )**

**Names** \_\_\_\_\_

**Individual – Non-SRS Member – Name** \_\_\_\_\_

**SRS Committee – Name of Committee** \_\_\_\_\_

**Institution – Name of Institution** \_\_\_\_\_

**Organization – Name of Organization** \_\_\_\_\_

**Suggested names for course Chair: maximum of two, one has to be SRS member**

1)

2)

**(Were these chair persons contacted and tentatively accepted this responsibility?)**

(WW Course Committee has the right to accept or change the suggested chair persons)

**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 \_\_\_\_\_

An independent, free-standing program

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) _____	_____

**(Were these organizing committee members contacted and tentatively accepted this responsibility?)**

**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) _____ |

(WW course committee has the right to accept or change the suggested faculty)

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:**

Kamal Ibrahim, MD, Worldwide Course Chair  
Scoliosis Research Society  
555 East Wells St, Ste 1100  
Milwaukee, WI 53202 USA  
Fax 1 414 276 3349  
Submit by email to: [info@srs.org](mailto:info@srs.org)