



Early Registration Rate Ends: August 12, 2024. Online registration will remain open until August 28, 2024 at the late registration rate.

Completed registration forms should be emailed or mailed to the SRS Office. Online registration is available at www.srs.org/AM2024.

Email: meetings@srs.org | Mailing Address: Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, United States

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) _____

Assistant/ Company Personnel Email Address _____

Institution _____

Mailing Address _____

City (To appear on badge) _____ State _____ Zip/Postal Code _____ Country (To appear on badge) _____

Specialty: Orthopaedic Surgeon Neurosurgeon Industry Other: _____

REGISTRATION CLASS	EARLY REGISTRATION <i>On or before August 12, 2024</i>	59 TH ANNUAL MEETING ADD-ONS	
		CME Add-On	Non-CME Add-On
SRS Member Physician	<input type="checkbox"/> \$ 1,050	Hibbs Society Meeting Tuesday, Sept. 10 <input type="checkbox"/> \$ 50	Opening Ceremonies & Welcome Reception Wednesday, Sept. 11 <input type="checkbox"/> \$ 0
SRS Member - Non-Physician	<input type="checkbox"/> \$ 600		Farewell Reception Friday, Sept. 13 <input type="checkbox"/> \$ 50
SRS Emeritus Member	<input type="checkbox"/> \$ 600		
Non-Member Physician	<input type="checkbox"/> \$ 1,400	Welcome Reception: Wednesday, Sept. 11 Guest first/last name: _____ <input type="checkbox"/> \$ 50	Farewell Reception Friday, Sept. 13 Guest first/last name: _____ <input type="checkbox"/> \$ 150
Non-Member Non-Physician	<input type="checkbox"/> \$ 750		
Resident/Fellow/Medical Student	<input type="checkbox"/> \$ 550		
Delegate from Reduced Rate Country*	<input type="checkbox"/> \$ 550		
Industry Representative	<input type="checkbox"/> \$ 1,450		

*For information on countries that qualify for reduced rate registration, please click [here](#).

Annual Meeting Final Program

- I would like to help SRS reduce its carbon footprint and will use a digital only copy of the Final Program (Final Program will be accessible on the mobile app)
- I would like a hard copy of the final program upon arrival in Barcelona \$25

Registration includes admission to the pre-meeting course, lunchtime symposia, scientific sessions, Opening Ceremonies, Welcome Reception, and industry workshops at the meeting venue in Barcelona, and access to the recorded content 4-6 weeks following the meeting.

Total Fees \$ _____ USD

- Include me on any published delegate list, including the list provided to corporate supporters so that they may send me information about their products, services, and involvement at the meeting.

Privacy policy: www.srs.org/about-srs/contact-us/privacy-policy

- Exclude me on SRS emails for future meetings offered by SRS.

PAYMENT INFORMATION

Checks (U.S. funds drawn on a U.S. bank only) may be made payable and mailed to:
Scoliosis Research Society - 555 E. Wells Street, Suite 1100 - Milwaukee, WI 53202

- Check (U.S. funds drawn on a U.S. bank only)
- or provide credit card information: Visa MasterCard American Express

Card Number _____

Security Code _____ Expiration Date _____

Name (As it appears on card) _____

Billing Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Signature (I agree to pay according to the credit card issuer agreement) _____

Cancellation Policy: Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until August 12, 2024. No refunds will be granted after August 12, 2024. Cancellation and refund requests should be sent in writing via email to meetings@srs.org. Delegates will receive confirmation and refund within 14 days of receipt of their cancellation notice.

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Centre de Convencions Internacional de Barcelona (CCIB) 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 59th Annual Meeting. 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

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