



60th Annual Meeting
September 16-20, 2025



CHARLOTTE
North Carolina, USA

Online Registration Available at
www.srs.org/AM25

DELEGATE

Early Registration Rate Ends: August 14, 2025. Online registration will remain open until September 4, 2025 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/AM25.

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: <input type="checkbox"/> Orthopaedic Surgeon <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____				

REGISTRATION CLASS	EARLY REGISTRATION <i>On or before August 14, 2025</i>	60 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. 16 <input type="checkbox"/> \$ 50	Opening Ceremonies & Welcome Reception Wednesday, Sept. 17 <input type="checkbox"/> \$ 0	Farewell Reception Friday, Sept. 19 <input type="checkbox"/> \$ 50
SRS Member - Non-Physician	<input type="checkbox"/> \$ 600			
SRS Emeritus Member	<input type="checkbox"/> \$ 600			
Non-Member Physician	<input type="checkbox"/> \$ 1,400	Welcome Reception: Wednesday, Sept. 17 Guest first/last name: <hr/> <input type="checkbox"/> \$ 50	Farewell Reception Friday, Sept. 19 Guest first/last name: <hr/> <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.

*First time attendee? Email meetings@srs.org to register at a reduced rate

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 Charlotte \$25

Credit Card Fees

- ☐ SRS is a non-profit organization that spends \$75,000 per year on credit card fees. If you would like to offset this cost to the Society please check here to add 3%.

Registration includes admission to the pre-meeting course, lunchtime symposia, scientific sessions, Opening Ceremonies, Welcome Reception, and industry workshops at the meeting venue in Charlotte, 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.

Cancellation Policy: Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until August 14, 2025. No refunds will be granted after August 14, 2025. 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 Charlotte Convention Center 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 60th 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

Completed registration forms should be emailed, or mailed to the SRS Office.

E: meetings@srs.org - Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, USA

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)	