State

Country



Early Registration Rate Ends: August 18, 2026. Online registration will remain open until September 15, 2026 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/AM26. 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 (Gi	iven) Name	Last (Family) Name Suffix	(Jr., III, etc.)	Degree (MD, PhD, et	c.)		
Email Address (All correspondence	is done by email)						
Assistant/ Company Personnel Ema	il Address						
Institution							
Mailing Address							
City (Tanananan hadaa)		Chata 7:n/D	ostal Code		Country (To one		
City (To appear on badge)	□ Nausausaa	•	Country (To appear on badge)				
Specialty: ☐ Orthopaedic Surgeon	□ Neurosurgeon	industry in Other:					
REGISTRATION CLASS		EARLY REGISTRATION On or before August 18, 2026		61 <sup>ST</sup> ANNUAL MEETING ADD-ONS			
REGISTRATION CLASS			CME Add-On		Non-CME Add-On		
SRS Member Physician		□ \$1,050		Society Meeting	Opening Ceremonies &	Delegate Farewell Reception Ticket	
SRS Member - Non-Physician		□ \$ 600	Tuesday, October 6 □ \$ 50		Welcome Reception Wednesday, October 7	Friday, October 9	
SRS Emeritus Member		□ \$ 600			□ \$ 0	□ \$ 50	
Non-Member Physician		□ \$1,400	Guest Welcome Reception Ticket: Wednesday, October 7		Guest Farewell Reception Ticket Friday, October 9		
Non-Member Non-Physician		□ \$750					
Resident/Fellow/Medical Student		□ \$ 550	Guest	first/last name:	Guest first/last name:		
Delegate from Reduced Rate Country	*	□ \$ 550	]				
Industry Representative		□ \$ 1,450		□ \$ 50	□ \$ 150		
*For information on countries that qual	-						
*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 Sydney  \$25				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			
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%.				Card Number			
<b>Registration</b> includes admission to the pre-meeting course, lunchtime symposia, scientific sessions, Opening Ceremonies, Welcome Reception, and industry workshops at the meeting venue in Sydney, and access to the recorded content 4-6 weeks following the meeting.				Security Code Expiration Date  Name (As it appears on card)			
venue in Sydney, and access to th	e recorded conte						
Total Fees \$USD				Billing Address			
☐ Include me on any published delegate list, including the list provided to corporate supporters				0'1			

Cancellation Policy: Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until August 18, 2026. No refunds will be granted after August 18, 2026. 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.

so that they may send me information about their products, services, and involvement at the

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

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

City

Zip/Postal Code

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

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the International Convention Centre Sydney (ICC) 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 Gist 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, after, 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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meeting.