Online Registration Available at: www.srs.org/ccsd

ADVANCED REGISTRATION RATE ENDS: MAY 7, 2024. ONLINE REGISTRATION WILL REMAIN OPEN UNTIL MAY 29, 2024 AT THE LATE / ON-SITE REGISTRATION RATE.

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

Email: meetings@srs.org | Fax +1 414-276-3349 | Mailing Address: Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, United States.

D	e.	legate	ln	torr	nat	ion
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SRS ID Number	First (Given) Name	Last (Family) Name	Suffix (Jr., III, etc.)	Degree (MD, PhD, etc.)	
Email Address (All corre	espondence is done by email)				
Institution					
Mailing Address					
City	Sta	ate Zip/Postal Code	Cour	try (To appear on badge)	
Specialty: Orthopaec	dic Surgeon \square Neurosurgeon \square Other:				
Assistant/Company Per	sonnel Email Address				
Dietary Restrictions/Requ	uirements				
	Base Registration Fees*			e/ On-Site registration y 8, 2024- June 9, 2024	
SRS Member		\$25	50 USD	\$350 USD	
EUROSPINE Member		\$25	50 USD	\$350 USD	
Non-Member		<u></u> \$35	50 USD	\$450 USD	
Resident/ Fellow/ Medic	cal Student/ Allied Health Professional	\$15	50 USD	\$250 USD	
Industry Representative		\$35	50 USD	\$450 USD	
Delegate from Reduced	Rate Country**	□ \$15	50 USD	\$250 USD	
	des entrance to the general sessions, concurrent of that qualify for reduced rate registration.	ase based discussions, and industry supported workshops, exh	ibit hall, breaks, lunches, and the Welcom Total Fees \$	ne Reception.	
	legate list provided to exhibitors and workshe ease read our privacy policy (www.srs.org/ab	op supporting companies so that they may send me informout-srs/contact-us/privacy-policy).		nd involvement at the Course.	
	ation awn on a U.S. bank only) may be made ociety • 555 E. Wells Street, Suite 1100 •				
Or provide credit card ☐ Check Enclosed	l information with complete billing add ☐ Visa ☐ MasterCard ☐ Am	dress: erican Express			
Card Number	Expiration Date				
Name (As it appears on	card)				
Billing Address					
City	Sta	ate			
Zip/Postal Code	Сс	ountry			
C:(I					

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

Cancellation Policy: All cancellations must be received in writing. Delegates may fax their cancellation to (414) 276-3349 or email it to meetings@srs.org. Delegates will receive a confirmation and refund within 14 days of receipt of their cancellation notice. SRS will grant a full refund, less a 10% processing fee, for cancellations received in writing on or before May 7, 2024. No refunds will be granted after May 7, 2024.

SRS Tax ID #23-7181863

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, Corinthia Prague, 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 Current Concepts in Spine Deformity July 2024. 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.