

Registration Deadline: October 12, 2023 (or when max capacity is reached)

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

Delegate Information

SRS ID # First (Given) Name Last (Family) Name Suffix (Jr., III, etc.) Degree (MD, PhD, etc.)

Email Address (All correspondence is done by email) Institution

Mailing Address

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

Specialty: Orthopaedic Surgeon Neurosurgeon Other: _____

Assistant/Company Personnel Email Address: _____

Dietary Restrictions/Requirements: _____

Registration Instructions:

- Attendees should select either the SRS Member or Non-Member registration rate.
- Registration is limited to 30 participants. Registrations will be accepted on a first come, first-serve basis. All individuals interested in attending the course after the participant maximum has been reached will be added to a waiting list.

Registration Class	Course Registration* October 13-15, 2023 (Limited to 30 participants)
SRS Member	<input type="checkbox"/> \$1,000 USD
Non-Member	<input type="checkbox"/> \$1,200 USD

*The delegate registration fee includes the Welcome Reception and "Fireside Chat" Case Discussions on Wednesday evening and lab sessions, lecture presentations, video demonstrations, breaks, and lunch on Thursday and Friday.

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 September 27, 2023. No refunds will be granted after September 27, 2023.

Waiver: Submission of this registration form and payment of associated fees serve as agreement by the delegate to release the Scoliosis Research Society, Hong Kong University - Surgical Skills Centre 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 from attendance at the Spine Deformity Solutions: A Hands-On Course October 2023. In addition, the delegate hereby grants permission to use his/her likeness in photographs or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration, agreeing that these materials are 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**

For more information, please read our privacy policy (www.srs.org/about-srs/contact-us/privacy-policy).

Payment Information

Checks (US funds drawn on a US bank only) made payable to the Scoliosis Research Society or provide credit card information with complete billing address.

Check Enclosed Visa MasterCard American Express

Card Number

Security Code Expiration Date

Name (As it appears on the card)

Billing Address

City State Zip/Postal Code

Country

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

Total Fees \$ _____

Include me on the delegate list provided to supporting companies so that they may send me information about their products, services and involvement at the course.

