



Delegate Registration Form

33rd International Meeting on Advanced Spine Techniques (IMAST)
April 15-17, 2026 | Toronto, ON, Canada | Metro Toronto Convention Centre



Completed registration forms should be emailed or mailed to the SRS Office. Online registration is available at www.srs.org/IMAST2026.
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)			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"/> Other: _____				
Assistant/Company Personnel Email Address: _____				
Dietary Restrictions/Requirements: _____				

IMAST 2026 REGISTRATION FEES		IMAST ADD-ONS	
Registration Class	Late / On-site Registration March 13, 2026 - April 18, 2026	Welcome Reception Wednesday, April 15	Innovation Celebration Friday, April 17
SRS Member – Physician	<input type="checkbox"/> \$1,080 USD	<input type="checkbox"/> \$0 USD	<input type="checkbox"/> \$25 USD
SRS Member – Non-Physician	<input type="checkbox"/> \$540 USD	Welcome Reception Guest Wednesday, April 15 Guest first/last name: _____	Innovation Celebration Guest Friday, April 17 Guest first/last name: _____
SRS Emeritus Member	<input type="checkbox"/> \$540 USD		
DSPN Member	<input type="checkbox"/> \$1,080 USD	Guest city, country: _____	Guest city, country: _____
Host Country Registration (Canada)	<input type="checkbox"/> \$540 USD	<input type="checkbox"/> \$50 USD	<input type="checkbox"/> \$50 USD
Non-Member Physician	<input type="checkbox"/> \$1,320 USD		
Non-Member Non-Physician	<input type="checkbox"/> \$660 USD		
Industry Representative	<input type="checkbox"/> \$1,380 USD		
Resident/Fellow/Medical Student	<input type="checkbox"/> \$540 USD		
Delegates from Reduced Rate Countries***	<input type="checkbox"/> \$480 USD		

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

**The delegate base registration fee includes entrance to all General and Concurrent Sessions, Hands-On Workshops, Cases & Cocktail Sessions, the IMAST Exhibit Hall, the Welcome Reception on Wednesday, April 15 and all breaks and lunches.

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

Include me on any published delegate list including the delegate list provided to exhibitors and workshop supporting companies so that they may send me information about their products, services and involvement at the meeting.

Do you agree to SRS sending you e-mails for future meetings offered by SRS?
For more information, please read our privacy policy (www.srs.org/Privacy-Policy)

SRS is a non-profit organization that spends \$75,000 per year on credit card fees. All credit card payments will be assessed a 3% processing fee on the base registration fee to offset this cost to the society. If you would like to opt out of this fee, please un-check the box.

Total Registration & Add-on Fees: \$ _____ USD
Total Credit Card Processing Fee: \$ _____ USD (Registration fee x 3%)
Total Fees \$ _____ USD

Cancellation Policy:

Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until March 12, 2026. No refunds will be granted after March 12, 2026. Cancellation and refund requests should be sent in writing via email to meetings@srs.org. Delegates will receive a 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 Metro Toronto Convention 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 out of attendance at IMAST 2026. 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.

Payment Information

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

Or provide credit card information with complete billing address:
 Check Enclosed Visa MasterCard American Express

Card Number	_____	
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)		

STAFF USE ONLY		
Staff Initials:	Date:	PAYMENT TYPE: (circle one) Cash: USD or Credit Card: _____