

Delegate Registration Form

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



Early Registration Rate Ends: March 12, 2026. Online registration will remain open until April 2, 2026 at the late/onsite registration rate.

Completed registration forms should be emailed or mailed to the SRS Office. Online registration is available at www.srs.org/lMAST2026. Email: meetings@srs.org | Mailing Address: Scoliosis Research Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI, 53202, United States

Delegate Information

RS ID Number	First (Given) Name	Last (Family) Name			Suffix (Jr., III, etc)	Degree (MD, PhD, etc)
nail Address (All correspondence is done by e	mail)			Institutio	n	
ailing Address						
alling Address						
ty (To appear on badge)		State		Zip/Postal Code	Country (To appear on badge	
ssistant/Company Personnel Email Addı	☐ Neurosurgeon ☐ Other:					
etary Restrictions/Requirements:						
IAST 2026 REGISTRATION FEES Early Registration Rate (on or before March 12, 2026)				IMAST ADD-ONS		
egistration Class				e Registration 6 - April 18, 2026	Welcome Reception Wednesday, April 15	Innovation Celebration Friday, April 17
RS Member - Physician	□ \$900 U	SD \$1	\$1,080 USD		□ \$0 USD	□ \$25 USD
RS Member - Non-Physician	☐ \$450 U	SD \$5	540 USD		Welcome Reception Guest Wednesday, April 15	Innovation Celebration Guest Friday, April 17 Guest first/last name:
RS Emeritus Member	☐ \$450 U		540 USD		Guest first/last name:	
SPN Member	□ \$900 U	-	1,080 USD		duot mot last liams.	
ost Country Registration (Canada)	☐ \$450 U		540 USD		Guest city, country:	Guest city, country:
on-Member Physician	□ \$1,100 L		1,320 USD			duest city, country.
on-Member Non-Physician	□ \$550 U	30	660 USD			
dustry Representative	☐ \$1,150 L		1,380 USD		□ \$50 USD	□ \$50 USD
esident/Fellow/Medical Student	☐ \$450 U		540 USD			
elegates from Reduced Rate Countries* rst time attendee? Email meetings@srs.org to r	_,	SD \$4	480 USD			
	rance to all General and Concurrent Session	s, Hands-On Workshops, Cases	s & Cocktail S	essions, the IMAST Exh	ibit Hall, the Welcome Reception on Wednesday, April '	15 and all breaks and lunches.
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.				Payment Information Checks (US funds drawn on a US bank only) may be made payable and mailed to:		
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)				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		
SRS is a non-profit organization that sp this cost to the Society please check he		fees. If you would like to o	offset	LI Check Enclosed	I ∟I VISa ∟ Mastercard ∟ American Ex	rpress
F / 1 F A				Card Number		
Total Fees \$	otal Fees \$USD			Expiration Date		
ncellation Policy:				EVALUATION DATE		
refunds, less a 10% processing fee, will be gra be granted after March 12, 2026. Cancellation egates will receive a confirmation and refund v	and refund requests should be sent in writi	ng via email to meetings@srs.o		Name (As it appears o	on the card)	
iver:				Billing Address		
nission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis arch Society, the Metro Toronto Convention Centre and their respective agents, servants, employees, representatives, essors, and assigns, from any and against all claims, demands, causes of action, damages, costs, and expenses, including neys' fees, for injury to person or damage to property arising out of attendance at IMAST 2026. In addition, the delegate hereby				City	Sta	te Zip/Postal Code
nts permission to use his/her likeness in a pho bsite entries, without payment or any other cor the right to edit, alter, copy, exhibit, publish or	otograph or other digital reproduction in an insideration, agreeing that these materials w distribute this photo for purposes of public	and all of its publications, inc ill become the property of SRS zing its programs or for any ot	cluding S which ther	Country		
wful purpose. Additionally, the delegate waives a notograph.	any rignt to royalties or other compensation	arising or related to the use of	T the	Signature (I agree to p	pay according to the card issuer agreement)	