



# Delegate Registration Form

31<sup>ST</sup> International Meeting on Advanced Spine Techniques (IMAST)  
April 10-13, 2024 | San Diego, California | Marriott Marquis San Diego Marina



**Advanced Registration Rate Ends: March 11, 2024. Online registration will remain open until March 28, 2024 at the late registration rate.**

Completed registration forms should be emailed, faxed or mailed to the SRS Office. Online registration is available at [www.srs.org/IMAST2024](http://www.srs.org/IMAST2024).  
Email: [meetings@srs.org](mailto: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 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 2024 REGISTRATION FEES Advanced Registration Rate (on or before March 11, 2024)			IMAST ADD-ONS	
Registration Class	Advanced Registration Rate On or before March 11, 2024	Late / On-site Registration March 12, 2024 - April 13, 2024	Welcome Reception Wednesday, April 10	Innovation Celebration Friday, April 12
SRS Member – Physician	<input type="checkbox"/> \$900 USD	\$1,080 USD	<input type="checkbox"/> \$0 USD	<input type="checkbox"/> \$25 USD
SRS Member – Non-Physician	<input type="checkbox"/> \$450 USD	\$540 USD	<b>Welcome Reception Guest</b> Wednesday, April 10 Guest first/last name: _____	<b>Innovation Celebration Guest</b> Friday, April 12 Guest first/last name: _____
SRS Emeritus Member	<input type="checkbox"/> \$450 USD	\$540 USD		
DSPN Member	<input type="checkbox"/> \$900 USD	\$1,080 USD	Guest city, country: _____	Guest city, country: _____
Non-Member Physician	<input type="checkbox"/> \$1,100 USD	\$1,320 USD		
Non-Member Non-Physician	<input type="checkbox"/> \$550 USD	\$660 USD	<input type="checkbox"/> \$50 USD	<input type="checkbox"/> \$50 USD
Industry Representative	<input type="checkbox"/> \$1,150 USD	\$1,380 USD		
Resident/Fellow/Medical Student	<input type="checkbox"/> \$450 USD	\$540 USD		
Delegates from Reduced Rate Countries**	<input type="checkbox"/> \$400 USD	\$480 USD		

\*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 10 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](http://www.srs.org/Privacy-Policy))

## 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

Total Fees \$ \_\_\_\_\_ USD

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) \_\_\_\_\_

### Cancellation Policy:

Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until March 11, 2024. No refunds will be granted after March 11, 2024. Cancellation and refund requests should be sent in writing via email to [meetings@srs.org](mailto:meetings@srs.org) or faxed to 414-276-3349. 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 Marriott Marquis San Diego Marina 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 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.