Delegate Registration Form

2026 Asia Pacific Meeting
February 6-7, 2026 | Fukuoka, Japan | Hilton Fukuoka Sea Hawk

SRS ASIA PACIFIC MEETING
FUKUOKA, JAPAN

Early Registration Rate Ends: December 18, 2025. Online registration will remain open until January 27, 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/AP26#reg.
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: ☐ Orthopaedic Surgeon ☐ Neurosurgeon ☐ Other: _____

Assistant/Company Personnel Email Address: _____

Dietary Restrictions/Requirements: _____

2026 Asia Pacific Meeting REGISTRATION FEES Early Registration Rate (on or before December 18, 2025)			SRS Asia Pacific Meeting ADD-ONS
Registration Class	**Early Registration Rate** On or before December 18, 2025	**Late / On-site Registration** December 19, 2025 - February 7, 2026	**Welcome Reception** Friday, February 6 ☐ $0 USD
SRS Member	☐ $250 USD	$300 USD	**Welcome Reception Guest** Friday, February 6 Guest first/last name: _____
Non-Member	☐ $300 USD	$360 USD	
Industry Representative	☐ $350 USD	$420 USD	Guest city, country: _____
Resident/Fellow/Medical Student	☐ $150 USD	$180 USD	☐ $50 USD

*The delegate base registration fee includes entrance to all entrance to the education sessions, abstract sessions, industry supported workshops, exhibit hall, breaks, lunches, and the Welcome Reception on Friday, February 6.

☐ 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. If you would like to offset this cost to the Society please check here to add 3%.

Total Fees $_____USD

Cancellation Policy:
Full refunds, less a 10% processing fee, will be granted for the cancellation meeting registrations until December 18, 2025. No refunds will be granted after December 18, 2025. 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 Hilton Fukuoka Sea Hawk 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 SRS Asia Pacific Meeting. 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)

SRS-1025-179