SCOLIOSIS RESEARCH SOCIETY

Worldwide Course Proposal

Please review the attached guidelines before completing the proposal. All items must be completed for consideration.

Date Submitted: ________________________________________________________________

Course Proposed by:

☐ Individual SRS Member – Name ________________________________________________

☐ Individual – Non-SRS Member – Name ____________________________________________

☐ SRS Committee – Name of Committee __________________________________________

☐ Institution – Name of Institution _____________________________________________

☐ Organization – Name of Organization __________________________________________

Contact Information for Correspondence:

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Email: ______________________________________________________________________________

Proposed Location (City): ______________________________________________________________________________________________

Suggested Dates:

First Choice ____________________ Second Choice ____________________ Third Choice ______________

Length of Course: _______________________________________________________________

Will the program be (check one)

☐ Incorporated into the Annual Meeting/Congress of the host society

☐ In conjunction with another meeting – list meeting ________________________________________

Are there possible date conflicts with other meetings? ___Yes (list below)    ___No

________________________________________________________________________________

Suggested Venues (hotels, conference centers or other locations with adequate meeting space)

1) ______________________________________________________________________________

2) ______________________________________________________________________________

3) ______________________________________________________________________________

Attending Audience Skill Level:

☐ Basic    ☐ Advanced    ☐ Other: ______________________________________________________

Projected Number of Program Attendees: __________________________________________


Suggested Members for Organizing Committee:

<table>
<thead>
<tr>
<th>Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>________________________________</td>
</tr>
<tr>
<td>2)</td>
<td>________________________________</td>
</tr>
<tr>
<td>3)</td>
<td>________________________________</td>
</tr>
<tr>
<td>4)</td>
<td>________________________________</td>
</tr>
<tr>
<td>5)</td>
<td>________________________________</td>
</tr>
<tr>
<td>6)</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Suggested Format – check all that apply and indicate percentage of the program for each

- Case Discussions - % _______
- Panel Discussions - % _______
- Debates - % _______
- Posters - % _______
- Didactic Lectures - % _______
- Workshops - % _______
- Free Papers - % _______
- Other ___________________________%____

Suggested Main Topics (Sections)

1) ________________________________  4) ________________________________
2) ________________________________  5) ________________________________
3) ________________________________  6) ________________________________

Suggested Faculty

1) ________________________________  6) ________________________________
2) ________________________________  7) ________________________________
3) ________________________________  8) ________________________________
4) ________________________________  9) ________________________________
5) ________________________________ 10) ________________________________

Will there be commercial exhibits?  _____Yes  _____No
If yes, estimated number of stands___________Suggested price for each stand___________

Other Information: __________________________________________________ ________________
_________________________________________________________________________________
_________________________________________________________________________________

Please submit completed form to:
Marinus de Kleuver, MD, Worldwide Course Chair
Scoliosis Research Society
555 East Wells St, Ste 1100
Milwaukee, WI 53202 USA
Fax 1 414 276 3349
Submit by email to: tgoulding@srs.org