Registration Deadline: November 1, 2024 (or when max capacity is reached)

Completed registration forms should be emailed, or mailed to the SRS office. Email: meetings@srs.org Mailing Address: Scoliosis Research Society, 555 E Wells Street, Suite 1100, Milwaukee, WI, 53202, United States

Delegate Information

SRS ID #	First (Given) Name	Last (Family) Name	Suffix (Jr., III, etc.)	Degree (MD, PhD, etc.)
Email Address	s (All correspondence is done	by email)	Institution	
Mailing Addres	SS			
City	State	Zip/Postal Code		Country (To appear on badge)
Assistant/Com	Orthopaedic Surgeon □Net npany Personnel Email Addre ctions/Requirements:			

- Attendees should select either the SRS Member or Non-Member registration rate.
- Registration is limited to 30 participants. Registrations will be accepted on a first come, first-serve basis. All individuals interested in attending the course after the participant maximum has been reached will be added to a waiting list.
- Registration for the half day cervical spine add on is limited to 15 participants. Registrations will be accepted on a first come, first-serve basis. All individuals interested in attending the course after the participant maximum has been reached will be added to a waiting list.

Registration Class	Course Registration* November 14-16, 2024 (Limited to 30 participants)	Sunday, November 17: Half Day Cervical Spine Workshop (Limited to 15 participants)
SRS Member	□ \$1,000 USD	S250 USD
Non-Member	□ \$1,200 USD	

*The delegate registration fee includes the Welcome Reception and "Fireside Chat" Case Discussions on Thursday evening and lab sessions, lecture presentations, video demonstrations, breaks, and lunch on Thursday and Friday.

Cancellation Policy: All cancellations must be received in writing. Delegates will receive confirmation and refund within 14 days of receipt of their cancellation notice. SRS will grant a full refund, less a 10% processing fee, for cancellations received on or before October 14, 2024. No refunds will be granted after October 14, 2024.

Waiver: Submission of this registration form and payment of associated fees serve as agreement by the delegate to release the Scoliosis Research Society, Siriraj Training and Education Center for Clinical Skill (SiTEC) 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 from attendance at the Spine Deformity Solutions: A Hands-On Course November 2024. In addition, the delegate hereby grants permission to use his/her likeness in photographs or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration, agreeing that these materials are 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. SRS Tax ID #23-7181863

Total Fees \$_



□ Include me on the delegate list provided to supporting companies so that they may send me information about their products, services and involvement at the course. For more information, please read our privacy policy (www.srs.org/about-srs/contact-us/privacy-policy).

Payment Information

Checks (US funds drawn on a US bank only) made payable to the Scoliosis Research Society or provide credit card information with complete billing address.

Check Enclosed Visa MasterCard American Express

Card Numbe	er	
Security Co	de	Expiration Date
Name (As it	appears on the card)	
Billing Addre	ess	
City	State	Zip/Postal Code
Country		
Signature (I	agree to pay accordin	g to the card issuer agreement)