

DELEGATE **REGISTRATION FORM**

27th International Meeting on Advanced Spine Techniques (IMAST) APRIL 1-4, 2020 Athens, Greece | Athenaeum InterContinental



Advance Registration Deadline: February 28, 2020 (Registrations will ONLY be accepted onsite after this date - no exceptions.)

Completed registration forms should be emailed, faxed or mailed to the SRS Office. Online registration is available at www.srs.org/imast2020/registration. Email: 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

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SRS ID Numb	er	First (Given) Name		Last (Family) Name	Suffix (Jr., III,	etc)	Degree (MD, PhD, etc)
Email Address	s (All correspondence is done by e	email)			Institution		
Mailing Addre	SS						
City			State		Zip/Postal Code	Country (To appear on badge)	
Specialty:	Orthopaedic Surgeon	Neurosurgeon	Other:				
opecially.							
Acciptont/C	sistant/Company Personnel Email Address:						
ASSISIGITI/ U	Jilipany Personnei Email Auu	1655					
Distant Day	histiana (Descriverente)						
Dietary Res	trictions/Requirements:						

IMAST 2020 REGISTRATION FEES Advance Reg				
Registration Class	Base Registration* April 1-4, 2020	One-Day Registration Wed. April 1 🗌 or Sat. April 4 🗌	One-Day Registration Thur. April 2 🗌 or Fri. April 3 🗌	Onsite Registration April 1-4, 2020
SRS Fellow – Physician	🗆 \$900 USD	🗆 \$250 USD	🗆 \$500 USD	\$1,000 USD
SRS Fellow – Non-Physician	S450 USD	S250 USD	🗆 \$500 USD	\$550 USD
SRS Emeritus Fellow	🗆 \$450 USD	🗆 \$250 USD	□\$500 USD	\$550 USD
Non-Member Physician	S1,100 USD	S250 USD	S500 USD	\$1,200 USD
Non-Member Non-Physician	🗆 \$550 USD	🗆 \$250 USD	□\$500 USD	\$650 USD
Industry Representative	S1,150 USD	S250 USD	S500 USD	\$1,250 USD
Resident/Fellow/Medical Student	🗆 \$450 USD	🗆 \$250 USD	□\$500 USD	\$550 USD
Delegates from Reduced Rate Countries**	S400 USD	S250 USD	S500 USD	\$500 USD

*The delegate base registration fee includes entrance to all General and Concurrent Sessions. Hands-On Workshoos, Cases & Cocktail Sessions, the IMAST Exhibit Hall, the Welcome Reception on Wednesday, April 1 and all breaks and lunches. To register a guest please see the guest form at www.srs.org/imast2020/registration.

**For information on countries that qualify for reduced rate registration, please visit the SRS website at www.srs.org/imast2020/reaistration.

Session Selection - (selection may be changed onsite)*

Wednesday, April 1	
Cases & Cocktails 1: Proximal Junctional Kyphosis**	
Cases & Cocktails 2: Tethering**	
Cases & Cocktails 3: Cervical Spine Controversies**	
Cases & Cocktails 4: Adult Spinal Deformity: Open or MIS? **	
Thursday, April 2	
3A: Non-fusion Anterior Vertebral Body Growth Modulation Technique for Treatment of Scoliosis:	
Do Our Dreams Finally Come True?	
3B: Primary Spine Tumors	
4A: What's New in the Management of Thoracolumbar Fractures	
4B: Is Minimally Invasive Surgery Effective in Correction of Severe Sagittal Plane Deformity:	
An International Perspective	
Friday, April 3	
7A: Balancing the Benefits with the Risks of Anterior Vertebral Body Tethering	
7B: Metastatic Disease of the Spine	

8A: Controversies and Complications in Cervical Disc Arthroplasty

8B: Robotics and Navigation in Complex Spinal Surgery: Fad or the Future? And Which is Better?

*These educational sessions are included in the base registration fee. Delegates are asked to indicate which concurrent sessions they plan to attend for planning purposes.

**The Cases & Cocktail Sessions will immediately follow the Welcome Reception on April 1. Cases will be presented by faculty in four concurrent sessions. Attendees will have the opportunity to discuss cases in small groups with an IMAST faculty member present at each table.

EXCITING REGISTRATION BENEFIT

Register for IMAST 2020 in Athens, April 1-4, 2020 and receive a \$150 discount on registration for IMAST 2021.

Full details on the rules and eligibility can be found online at www.srs.org/imast2020/registration.

TOTAL FEES \$ USD

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.

For more information, please read our privacy policy (www.srs.org/about-srs/contact-us/privacy-policy)

Cancellation Policy:

All cancellations must be received in writing. Delegates may fax their cancellation to (414) 276-3349 or email it to meetings@srs.org. Delegates will receive a 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 in writing on or before February 28, 2020. No refunds will be granted after February 28, 2020. SRS Tax ID #23-7181863

Waiver:

Submission of this registration form and payment of associated fee serves as agreement by the delegate to release the Scoliosis Research Society, the Athenaeum InterContinental 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 2020. 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 () agree to pay according to the card issuer agreement)