



4th International Conference on Conservative Management of Spinal Deformities

May 13th - 16th, 2007 Boston, MA, USA



Registration Form: Please Print or TYPE:

Title (Mr., Mrs., Ms., Dr.): _____ First name: _____ Last Name: _____ M.I. _____

Name for Certificate: _____ Credentials: _____

E-mail: _____ Daytime Phone: _____ Fax: _____

____ MD ____ PhD ____ Orthotist ____ PT ____ Nurse ____ Patient ____ Sales Rep ____ Other (please specify) _____

Institution, Company, or Practice Name: _____

Address (____ Home or ____ Work): _____

City: _____ State: _____ Country: _____ Zip Code: _____

SOSORT 2007 REGISTRATION FEES	EARLY	REGULAR	LATE
	Before 4/7/07	Before 4/24/07	After 4/24/07
I - SOSORT MEMBERS (paid as of 3/1/07)			
Scientific Sessions (includes Education Day)	___ \$550	___ \$600	___ \$700
Education Day Only	___ \$150	___ \$200	___ \$300
Additional Clinic Day ¹	___ \$100	___ \$100	___ \$200
II - NON SOSORT MEMBERS			
Scientific Sessions (includes Education Day)	___ \$600	___ \$650	___ \$750
Education Day Only	___ \$200	___ \$250	___ \$350
Additional Clinic Day ¹	___ \$150	___ \$150	___ \$250
III - RESIDENTS & FELLOWS(with valid proof)			
Scientific Sessions (includes Education Day)	___ \$400	___ \$500	___ \$600
Education Day Only	___ \$150	___ \$200	___ \$300
Additional Clinic Day ¹	___ \$100	___ \$150	___ \$200
IV - PATIENTS & FAMILY - NON CLINICIANS			
Scientific Sessions (includes Education Day)	___ \$400	___ \$500	___ \$600
Education Day Only	___ \$75	___ \$100	___ \$125
Additional Clinic Day ¹	N/A	N/A	N/A
GALA DINNER - ACCOMPANYING GUESTS²	___ \$75	___ \$75	___ \$100
2007 SOSORT MEMBERSHIP SPECIAL	___ \$70	___ \$70	___ \$70
Total:	\$ _____	\$ _____	\$ _____
<small>¹ All ATTENDEES MUST BE PAID PARTICIPANTS FOR SCIENTIFIC SESSIONS</small>			

Easy Ways to Register

1. Mail: Complete the registration form and mail with payment to:

*National Scoliosis Foundation
5 Cabot Place
Stoughton, MA 02072*

2. Fax: Fax Form with Credit Card information to:
1-781-341-8333

3. Email: send PDF to ageorge@scoliosis.org

4. Phone: 1-781-341-6333

Meeting Special! – 2007 SOSORT Membership Regular - \$140 US Half Price - \$70 US

All Registrants for the Scientific Session will be able to receive a one time Conference Special and become SOSORT Members for \$70.

____ Check enclosed, payable to: National Scoliosis Foundation, or

Charge to: Master Card ____ Visa ____ Amex ____ Discover ____

Card #: _____ Exp: _____ Security #: _____

Name on card (print): _____

Conference Attendees will be awarded 23 Contact Hours

Do you plan on attending the Monday night Gala dinner? Please specify:
____ Yes ____ No

All Registration Fees include AM & PM Breaks and Lunch. Education Day includes an Interactive Poster Cocktail Reception.

²Scientific Session Registration includes a Gala Dinner on Monday, May 14th, 2007. Accompanying guests can attend for a \$75 fee.

Refund & Cancellation Policy

A full refund of registration fees, less a \$25 administrative fee, will be available if requested in writing and received by Friday, April 27th, 2007. No refunds will be made after that date. A \$25 fee also will be charged for returned checks. NSF reserves the right to cancel the course and return all fees in the event of insufficient registration. The liability of SOSORT, NSF and Northeastern University will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

*For updates and additional information visit us at www.scoliosis.org/sosort2007 *