



If you’d like to register online or for more information, visit sts.org/AQO.

1. REGISTRANT INFORMATION

☐ I am an STS Member. My 6-digit Member ID # is: _____ ☐ I am NOT an STS Member.
Note: STS membership is not the same as Database participation. You must have a valid 6-digit STS Member ID number to be eligible for member pricing.

First Name	Last Name	Designation (e.g., MD, RN)	
Job Title		Institution	
Email Address (required)		Cell Phone (XXX-XXX-XXXX)	
Mailing Address Street	City	State/Province	ZIP/Postal Code

Profession

☐ Academic Researcher	☐ Cardiothoracic Surgery Resident	☐ Medical Student	☐ Practice Administrator
☐ Allied Health – Other	☐ Clinical Nurse Specialist	☐ Nurse Practitioner	☐ Pulmonologist
☐ Anesthesiologist	☐ Data Manager	☐ Perfusionist	☐ Registered Nurse
☐ Cardiologist	☐ General Surgery Resident	☐ Physician Assistant	☐ Other: _____
☐ Cardiothoracic Surgeon	☐ Industry Employee	☐ Physician – Other	

Practice

☐ Academic Medicine (medical school or university)	☐ Hospital Employed
☐ Academic Medicine w/ an ACGME-approved CT surgery residency program	☐ Private Practice – small (1-3 surgeons)
☐ Government	☐ Private Practice – large (4+ surgeons)
☐ HMO Employed	☐ Other (please specify): _____

Primary Discipline:

☐ Adult Cardiac Surgery	☐ Adult Congenital Cardiac Surgery	☐ Critical Care	☐ General Thoracic Surgery
☐ Pediatric Congenital Cardiac Surgery	☐ Vascular Surgery	☐ Other (please specify): _____	

How did you hear about AQO 2026?

☐ Email ☐ Social Media ☐ STS Website ☐ Colleague ☐ STS Webinar ☐ Other: _____

2. REGISTRATION

REGISTRATION FEE (Please complete only one line below) <i>(Intermacs/Pedimacs will take place virtually as an online forum on Sept. 24)</i>	Standard (by Aug. 31)		Late Registration	
	Member	Non-Member	Member	Non-Member
ONE REGISTRY ☐ Adult Cardiac ☐ Congenital ☐ General Thoracic	☐ \$700	☐ \$800	☐ \$800	☐ \$900
TWO REGISTRY Choose two: ☐ Adult Cardiac ☐ Congenital ☐ General Thoracic	☐ \$1,100	☐ \$1,200	☐ \$1,200	☐ \$1,300
	Early Bird (by Aug. 31)			
VIRTUAL PASS + Intermacs/Pedimacs Live Virtual Forum	☐ \$450	☐ \$550	☐ \$550	☐ \$650
VIRTUAL PASS	☐ \$350	☐ \$450	☐ \$450	☐ \$550

3. PAYMENT

Please make check payable to “The Society of Thoracic Surgeons”. Mail the check and this form to:
The Society of Thoracic Surgeons, PO Box 809308, Chicago, IL 60680-9308

A \$100 administrative fee will be charged for cancelations. No refunds will be given after Wednesday, Sept. 16, 2026.