



If you'd like to register online or for more information, visit [sts.org/AQO](https://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
- Allied Health – Other
- Anesthesiologist
- Cardiologist
- Cardiothoracic Surgeon
- Cardiothoracic Surgery Resident
- Clinical Nurse Specialist
- Data Manager
- General Surgery Resident
- Industry Employee
- Medical Student
- Nurse Practitioner
- Perfusionist
- Physician Assistant
- Physician – Other
- Practice Administrator
- Pulmonologist
- Registered Nurse
- Other: \_\_\_\_\_

**Practice**

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

**Primary Discipline:**

- Adult Cardiac Surgery
- Pediatric Congenital Cardiac Surgery
- Adult Congenital Cardiac Surgery
- Vascular Surgery
- Critical Care
- Other (please specify): \_\_\_\_\_
- General Thoracic Surgery

**How did you hear about AQO 2024?**

- Email
- Social Media
- STS Website
- Colleague
- STS Webinar
- Other: \_\_\_\_\_

**2. REGISTRATION**

REGISTRATION FEE (Please complete only one line below) <i>(GTSD and Intermacs/Pedimacs take place on Sept. 11 and cannot be chosen together in Two Tracks or Multi-Day.)</i>	Early Bird – By May 16		Standard – May 16	
	Member	Non-Member	Member	Non-Member
<b>ONE TRACK</b> <input type="checkbox"/> Adult Cardiac <input type="checkbox"/> Congenital <input type="checkbox"/> General Thoracic <input type="checkbox"/> Intermacs/Pedimacs	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
<b>TWO TRACKS</b> Choose two: <input type="checkbox"/> Adult Cardiac <input type="checkbox"/> Congenital <input type="checkbox"/> General Thoracic <input type="checkbox"/> Intermacs/Pedimacs	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,450
<b>MULTIDAY</b> Choose three: <input type="checkbox"/> Adult Cardiac <input type="checkbox"/> Congenital <input type="checkbox"/> General Thoracic <input type="checkbox"/> Intermacs/Pedimacs	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,900
<b>VIRTUAL PASS</b>	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500

### **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, August 28, 2024.*