



ADVANCES IN QUALITY & OUTCOMES: *A Data Managers Meeting*

SEPTEMBER 25-26, 2025 • SAN ANTONIO, TX

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Academic Researcher | <input type="checkbox"/> Cardiothoracic Surgery Resident | <input type="checkbox"/> Medical Student | <input type="checkbox"/> Practice Administrator |
| <input type="checkbox"/> Allied Health – Other | <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Data Manager | <input type="checkbox"/> Perfusionist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> General Surgery Resident | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardiothoracic Surgeon | <input type="checkbox"/> Industry Employee | <input type="checkbox"/> Physician – Other | |

Practice

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

Primary Discipline:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adult Cardiac Surgery | <input type="checkbox"/> Adult Congenital Cardiac Surgery | <input type="checkbox"/> Critical Care | <input type="checkbox"/> General Thoracic Surgery |
| <input type="checkbox"/> Pediatric Congenital Cardiac Surgery | <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Other (please specify): _____ | |

How did you hear about AQO 2025?

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

2. REGISTRATION

REGISTRATION FEE (Please complete only one line below)

(Intermacs/Pedimacs will take place virtually as an online forum on Sept. 23)

ONE DAY

- ☐ Adult Cardiac ☐ Congenital ☐ General Thoracic

TWO DAY Choose two:

- ☐ Adult Cardiac ☐ Congenital ☐ General Thoracic

VIRTUAL PASS + Intermacs/Pedimacs Live Virtual Forum

VIRTUAL PASS

Early Bird – By July 16

Member Non-Member

☐ \$750 ☐ \$850

☐ \$1,100 ☐ \$1,300

☐ \$450 ☐ \$550

☐ \$350 ☐ \$450

Standard – July 17

Member Non-Member

☐ \$850 ☐ \$950

☐ \$1,300 ☐ \$1,500

☐ \$550 ☐ \$650

☐ \$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. 11, 2025.