



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

1. REGISTRANT INFORMATION

- ☐ I am an STS member or employed by an STS member. The 6-digit Member ID # is: _____
- ☐ I am NOT an STS member or employed by an STS member.

First Name _____ Last Name _____ Designation (e.g., MD, RN) _____

Job Title _____ Institution _____

Mailing Address Line 1 _____

Mailing Address Line 2 _____ City _____ State/Province _____ ZIP/Postal Code _____

Email Address (required) _____ Cell Phone* (XXX-XXX-XXXX) _____

** By providing your cell phone information, you consent to STS potentially providing periodic updates regarding the meeting. You can opt out at any time.*

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): _____ |

Percentage of time you devote to (must equal 100%):

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

How did you hear about the 2024 Coding Workshop?

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

2. REGISTRATION SELECTION *(Please check only one)*

Early Bird – By Jan. 17

Standard – Starting Jan. 18

STS Members & Their Employees*

☐ \$250

☐ \$300

Non-Members & Staff Unaffiliated with an STS Member

☐ \$300

☐ \$350

*Employees: To receive this discounted rate, you must designate the STS Member for whom you work.

STS Member Name: _____

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