For more information, or to register online, 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

□ 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): _____

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 2026 Coding Workshop?

□ Email   □ Social Media   □ Colleague   □ STS Website   □ Other:

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

	Early Bird – By Jan. 20	Standard – Starting Jan. 21
STS Members & Their Employees*	□ $275	□ $325
Non-Members & Staff Unaffiliated with an STS Member	□ $325	□ $375

*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