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

1. REGISTRANT INFORMATION

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
□ 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): _____

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 2023 Coding Workshop?

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

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

	Early Bird – By Jan. 10	Standard – Starting Jan. 11
STS Members & Their Employees*	□ $225	□ $275
Non-Members & Staff Unaffiliated with an STS Member	□ $275	□ $325

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

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