



**REGISTRANT INFORMATION**

I am an STS Member. My 6-digit Member ID # is: \_\_\_\_\_  I am NOT an STS Member.

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

Job Title \_\_\_\_\_ Institution \_\_\_\_\_

Email Address (required) \_\_\_\_\_ Phone (XXX-XXX-XXXX) \_\_\_\_\_

Mailing Address Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Billing Address Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

**Profession**

- Academic Researcher
- Cardiothoracic Surgeon
- General Surgery Resident/Fellow
- Perfusionist
- Pulmonologist
- Allied Health – Other
- CT Surgery Resident/Fellow
- Industry Employee
- Physician Assistant
- Registered Nurse
- Anesthesiologist
- Clinical Nurse Specialist
- Medical Student
- Physician – Other
- Other: \_\_\_\_\_
- Cardiologist
- Data Manager
- Nurse Practitioner
- Practice Administrator

**Practice**

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

**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 Workshop on Robotic Thoracic Surgery?**

- Brochure     Email     Social Media     Colleague     Other: \_\_\_\_\_

**REGISTRATION FEE (Please check only one)**

	<b>Early Bird – By March 20</b>	<b>Standard – After March 20</b>
<b>STS Member Physician</b>	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,300
<b>Non-Member Physician</b>	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,600
<b>STS Associate/Candidate/Pre-Candidate Member</b>	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
<b>Non-Member Allied Health/Resident/Med Student</b>	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850

**MAIL FORM WITH CHECK:** The Society of Thoracic Surgeons, PO Box 809308, Chicago, IL 60680-9308  
 Please make check payable to The Society of Thoracic Surgeons. A \$100 administrative fee will be charged for cancellations. No refunds will be given after **Wednesday, May 1, 2019**.

**REGISTER ONLINE:** [sts.org/roboticthoracic](http://sts.org/roboticthoracic)

**HOUSING**

A block of rooms has been reserved at the Atlanta Marriott Peachtree Corners (475 Technology Parkway, Peachtree Corners, GA). The special group rate is \$139, plus state and local taxes. This rate is available until **Thursday, April 25, 2019**, on a first-come, first-served basis. There are two ways to reserve a room in the STS block:

- Make your reservation online at [sts.org/roboticthoracic](http://sts.org/roboticthoracic)
- Call 770-263-8558 and reference “STS”