



STS TEVAR SYMPOSIUM

April 4-5, 2019
CHICAGO, IL

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Academic Researcher | <input type="checkbox"/> Allied Health – Other | <input type="checkbox"/> Anesthesiologist | <input type="checkbox"/> Cardiologist |
| <input type="checkbox"/> Cardiothoracic Surgeon | <input type="checkbox"/> CT Surgery Resident/Fellow | <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Data Manager |
| <input type="checkbox"/> General Surgery Resident/Fellow | <input type="checkbox"/> Industry Employee | <input type="checkbox"/> Medical Student | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Perfusionist | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Physician – Other | <input type="checkbox"/> Practice Administrator |
| <input type="checkbox"/> Pulmonologist | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> 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"/> HMO Employed |
| <input type="checkbox"/> Government | <input type="checkbox"/> Private Practice – small (1-3 surgeons) |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> 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 2019 STS TEVAR Symposium?

Email Social Media Colleague Other: _____

REGISTRATION FEE (Please check only one)

- | | |
|--|----------------------------------|
| STS Member Physician | <input type="checkbox"/> \$875 |
| Non-Member Physician | <input type="checkbox"/> \$1,075 |
| STS Associate/Candidate/Pre-Candidate Member | <input type="checkbox"/> \$475 |
| Non-Member Allied Health/Resident/Med Student | <input type="checkbox"/> \$575 |

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 **Thursday, March 21, 2019**.

REGISTER ONLINE: sts.org/tevar

HOUSING

A block of rooms for symposium attendees has been reserved at the JW Marriott Chicago, where the meeting will take place. The special group rate is \$229, plus state and local taxes. This rate is available until **Wednesday, March 13**, 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/tevar
- Call 877-303-0104 and reference “Society of Thoracic Surgeons TEVAR Meeting”