



# ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

September 29 – October 2, 2020 ■ VIRTUAL



If you'd like to register online or for more information, visit [sts.org/AQO](https://sts.org/AQO).

## 1. REGISTRANT INFORMATION

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

Please note: STS membership is not the same as Database participation. You must have a valid 6-digit STS Member ID number to be eligible for member pricing.

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

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

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

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

\* 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 \_\_\_\_\_%      Critical Care \_\_\_\_\_%      Pediatric Congenital Cardiac Surgery \_\_\_\_\_%  
 Adult Congenital Cardiac Surgery \_\_\_\_\_%      General Thoracic Surgery \_\_\_\_\_%      Vascular Surgery \_\_\_\_\_%  
 Other \_\_\_\_\_% (please specify): \_\_\_\_\_

### How did you hear about AQO 2020?

Email       Social Media       STS Website       Colleague       Other: \_\_\_\_\_

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

	Member		Non-Member	
	Early Bird	After Sept. 7	Early Bird	After Sept. 7
<b>Multiday or All Days</b>				
Choose two or more: <input type="checkbox"/> Adult Cardiac <input type="checkbox"/> Congenital	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400
<input type="checkbox"/> General Thoracic <input type="checkbox"/> Intermacs/Pedimacs				
<b>One Day</b>				
Choose One: <input type="checkbox"/> Adult Cardiac <input type="checkbox"/> Congenital	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
<input type="checkbox"/> General Thoracic <input type="checkbox"/> Intermacs/Pedimacs				

**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