



Hilton New Orleans Riverside

**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 2020 Coding Workshop?**

Postcard     Email     Social Media     Colleague     Other: \_\_\_\_\_

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

	<b>Early Bird – By Nov. 29</b>	<b>Standard – After Nov. 29</b>
<b>STS Members &amp; Their Employees*</b>	<input type="checkbox"/> \$825	<input type="checkbox"/> \$925
<b>Non-Members &amp; Staff Unaffiliated with STS</b>	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200

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

**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 Friday, January 17, 2020.

**REGISTER ONLINE:** [sts.org/codingworkshop](https://sts.org/codingworkshop)

**HOUSING**

A block of rooms has been reserved at the Hilton New Orleans Riverside, where the Workshop will take place. The special STS group rate is \$282 (single/double), plus state and local taxes, and is guaranteed through Thursday, January 2 or until the group block is sold out.

For the convenience of those attending both the Coding Workshop and the STS Annual Meeting (January 25-28), **all housing reservations for the Coding Workshop must be completed through the Annual Meeting housing portal.** Annual Meeting attendance requires a separate registration at [sts.org/annualmeeting](https://sts.org/annualmeeting).