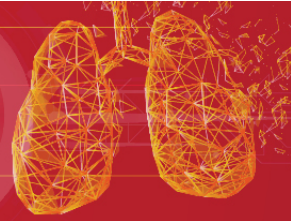


**STS 2021**  
January 29–31  
**EMBRACING  
INNOVATION**



INTERACTIVE  
**LIVE**  
ON DEMAND



The Society  
of Thoracic  
Surgeons

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

**1. REGISTRANT INFORMATION**

I am an STS Member. Enter your valid 6-digit Member ID #: \_\_\_\_\_

I am NOT an STS Member

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

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

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

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

**Profession**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Academic Researcher    | <input type="checkbox"/> Cardiothoracic Surgery Resident/Fellow | <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> Pulmonologist    |
| <input type="checkbox"/> Allied Health – Other  | <input type="checkbox"/> Data Manager                           | <input type="checkbox"/> Perfusionist        | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Anesthesiologist       | <input type="checkbox"/> General Surgery Resident/Fellow        | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Vascular Surgeon |
| <input type="checkbox"/> Cardiologist           | <input type="checkbox"/> Industry Employee                      | <input type="checkbox"/> Physician – Other   | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Cardiothoracic Surgeon | <input type="checkbox"/> Medical Student                        |  |   |

**Practice/Employment Arrangement**

- |   |   |
|---|---|
| <input type="checkbox"/> Salaried - Academic medicine w ACGME-approved CT surgery residency program | <input type="checkbox"/> Salaried - Hospital employed               |
| <input type="checkbox"/> Salaried - Academic medicine (e.g., medical school or university)          | <input type="checkbox"/> Private Practice - Small (1-3 CT surgeons) |
| <input type="checkbox"/> Salaried - Government (e.g., national health service, military VA)         | <input type="checkbox"/> Private Practice - Large (4+ CT surgeons)  |
|   | <input type="checkbox"/> Other (please specify): _____              |

**How did you hear about STS 2021?**

- |  |   |
|--|---|
| <input type="checkbox"/> STS News                              | <input type="checkbox"/> STS Website    |
| <input type="checkbox"/> <i>The Annals of Thoracic Surgery</i> | <input type="checkbox"/> Email from STS |
| <input type="checkbox"/> Colleague                             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Social Media                          |   |
| <input type="checkbox"/> CTSNet                                |   |

**Are you a first time attendee?**

- Yes  
 No

**Would you like to opt in to receive text updates from STS regarding STS 2021?**

- No  
 Yes Please provide your mobile phone number: \_\_\_\_\_

**Would you like an STS fitness cooling towel to use as part of wellness events during the meeting (first 1,000 registrants only)?**

- No  
 Yes  
Please indicate your preferred mailing address for the towel:  
 Send to address above  
 Send to different address: \_\_\_\_\_

**2. REGISTRATION SELECTION**

	Select only one from these two columns		Add-On Program (Optional)
<b>STS Members</b>	<b>Early Bird (through Dec. 15)</b>	<b>Standard (Dec. 16 – Jan. 31)</b>	<b>Immersive Video Experiences*</b>
<b>Member Surgeons</b> Active, International, and Senior Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$150
<b>Associate Member Physicians</b> Non-CT surgeons	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	<input type="checkbox"/> \$150
<b>Associate Member Non-Physicians</b>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$75
<b>Candidate and Pre-Candidate Members</b>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50
<b>Non-Members**</b>	<b>Early Bird (through Dec. 15)</b>	<b>Standard (Dec. 16 – Jan. 31)</b>	<b>Immersive Video Experiences*</b>
<b>Physicians</b>	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$200
<b>Allied Health</b> Non-member, non-physician	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325	<input type="checkbox"/> \$125
<b>Residents/Trainees</b> – Must complete section 3 below	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100
<b>Total amount from boxes checked:</b>			<b>\$ _____</b>

*\*Includes all sessions within Immersive Video Experiences*

*\*\*Learn more about becoming an STS member at [sts.org/membership](http://sts.org/membership) and taking advantage of discounts and other opportunities*

**3. Non-Member Resident/Fellow Certification** *(this section must be completed in order to register)*

I (chief of service): \_\_\_\_\_ certify that (registrant): \_\_\_\_\_

is a Resident/Fellow at (institution): \_\_\_\_\_

Chief of service signature: \_\_\_\_\_ Resident/fellow signature: \_\_\_\_\_

*Medical students are required to provide a current student identification card with this registration form*

**4. PAYMENT**

Please make checks 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**