

REGISTRATION FORM



Southern Thoracic Surgical Association
65th Annual Meeting
Omni Amelia Island Plantation Resort
Amelia Island, FL
November 7-10, 2018
www.stsa.org

REGISTRANT INFORMATION

VISIT WWW.STSA.ORG TO REGISTER ONLINE

All names should be printed as you would like them to appear on your badge.

Last Name	First Name	Middle Initial	Designation/Degree	
Spouse/Guest Last Name	First Name	Middle Initial		
Address	City	State	Zip	
Phone	E-mail			
Institution/Hospital/Practice				

Indicate your cardiothoracic surgery specialty and subspecialty
 (i.e., adult cardiac, congenital, thoracic, transplant etc.)

Years in Practice 0-5 6-10 11-15 15+ N/A

Check here if this will be your **first STSA Annual Meeting as a member**

ATTENDEE & EVENT REGISTRATION

ACTIVE/SENIOR MEMBER

2018 membership dues must be paid in order to receive this rate. Members with dues outstanding will be asked to remit payment prior to registration, or pay the non-member fee.

NON-MEMBER, PHYSICIAN

FACULTY (PRESENTER)

RESIDENT/FELLOW/MEDICAL STUDENT

To register for this category please submit a signed statement from Chief of service certifying attendee is a resident/fellow/medical student.

ASSOCIATE MEMBER, ALLIED HEALTH

2018 membership dues must be paid in order to receive this rate. Members with dues outstanding will be asked to remit payment prior to registration, or pay the non-member fee.

NON-MEMBER, ALLIED HEALTH

SPOUSE/GUEST

ADDITIONAL PRESIDENT'S MIXER TICKETS

(Thursday, 7:00 pm - 9:00 pm) Two complimentary tickets are included with registration.

DINNER GALA - ADULT

(Friday, 7:00 pm - 10:00 pm) Advance registration recommended. A limited number of tickets will be sold on site.

DINNER GALA - CHILD (AGES 12 AND UNDER)

(Friday, 7:00 pm - 10:00 pm) Advance registration recommended. A limited number of tickets will be sold on site. Children's ticket includes a child-friendly dinner.

TOTAL AMOUNT

#	FEE	PAYMENT INFORMATION
_____	\$400	TOTAL AMOUNT DUE \$ _____ <input type="checkbox"/> CHECK # _____
_____	\$600	CREDIT CARD Please circle one or visit www.stsa.org to register online. Visa MasterCard American Express
_____	\$400	CARDHOLDER NAME AND BILLING ADDRESS _____ _____
_____	No Charge	CARD#: _____ EXP. DATE: _____ SIGNATURE: _____
_____	\$250	
_____	\$350	
_____	No Charge	
_____	\$25 per person	
_____	\$125 per person	REGISTRATION METHODS If paying by check, mail to: Southern Thoracic Surgical Association (STSA), PO Box 809204, Chicago, IL 60680-9204
_____	\$40 per child	If paying by credit card: Visit www.stsa.org to register online or fax registration form to 773.289.0871.
\$ _____		Contact STSA with questions at 312.202.5892 STSA Tax ID # - 36-3181838

NOTE: All events are subject to change or cancellation without notice.

REGISTRATION DEADLINE: You must pre-register by October 8, 2018. After October 8, 2018, you must register on site. Please note that there will be an additional \$50 charge for attendees registering on site.

HOTEL RESERVATIONS: Visit www.stsa.org/65thannual for more information regarding reservations at the Omni Amelia Island Plantation Resort.

CANCELLATION POLICY: The deadline for all cancellation and refund requests is October 8, 2018. STSA is unable to honor any subsequent requests. Refunds are subject to a \$50 cancellation fee.