



REGISTRATION FORM

VISIT WWW.STSA.ORG TO REGISTER ONLINE

SOUTHERN THORACIC SURGICAL ASSOCIATION
 JW Marriott Marco Island Beach Resort | Marco Island, FL
 November 6-9, 2019
www.stsa.org

REGISTRANT INFORMATION

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

 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

In an effort to go green, STSA is limiting the number of printed program books to those who request one. Please check here to indicate if you wish to pick up a printed program book on site at registration. A comprehensive mobile application with the full educational program will also be available.

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

2019 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

2019 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

Industry Employee

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
_____	\$400
_____	\$600
_____	\$400
_____	No Charge
_____	\$250
_____	\$350
_____	No Charge
_____	\$150
_____	\$25 per person
_____	\$125 per person
_____	\$40 per child
_____	\$ _____

PAYMENT INFORMATION

Total Amount Due \$ _____

Check # _____

Credit Card

Please circle one or visit www.stsa.org to register online.

 Visa MasterCard American Express

Cardholder Name and Billing Address

Card #: _____

Exp. Date: _____

Signature: _____

If paying by check, mail to:

Southern Thoracic Surgical Association (STSA),
 PO Box 809204, Chicago, IL 60680-9204

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 7, 2019. After October 7, 2019, you must register on site. Please note that there will be an additional \$50 charge for attendees registering on site.

HOTEL RESERVATIONS: Visit <https://stsa.org/66thannual/> for more information regarding reservations at the JW Marriott Marco Island Beach Resort.

CANCELLATION POLICY: The deadline for all cancellation and refund requests is October 7, 2019. STSA is unable to honor any subsequent requests. Refunds are subject to a \$50 cancellation fee.