

STSA
68th

REGISTRATION FORM



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
_____	_____	_____	
Guest Last Name	First Name	Guest Cell Phone* (Ages 18 and older)	
_____	_____	_____	
_____	_____	_____	_____
Registrant Address	City	State	Zip
_____	_____	_____	_____
_____	_____		
Registrant Cell Phone*	Registrant E-mail		

Registrant Institution/Hospital/Practice			

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

*Registrant and guest (ages 18 and older) cell phone numbers are required in the event contact tracing is necessary. In addition, a health screening survey will be sent daily via text to all registrants and guests (ages 18 and older) on site during the meeting.

ATTENDEE & EVENT REGISTRATION

Active/Senior Member

2021 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

2021 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

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 younger)

(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
_____	\$25 per person
_____	\$125 per person
_____	\$40 per child
\$ _____	

PAYMENT INFORMATION

Total Amount Due \$ _____

Check # _____

Credit Card

Please circle type below 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 form and payment 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 send completed form via email to stsa@stsa.org.

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, 2021. After October 8, 2021, 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/68thannual/> for more information regarding reservations at the Loews Atlanta Hotel.

CANCELLATION POLICY: The deadline for all cancellation and refund requests is October 8, 2021. STSA is unable to honor any subsequent requests. Refunds are subject to a \$50 cancellation fee.



ATTENDEE COVID-19 SAFETY ACKNOWLEDGEMENT -- ASSUMPTION OF THE RISK, LIABILITY WAIVER AND RELEASE OF CLAIMS

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend “social distancing” and have, in many locations, prohibited the congregation of groups of people. Governmental restrictions may change at any time without prior notice. As such, the SOUTHERN THORACIC SURGICAL ASSOCIATION (“ASSOCIATION” or “STSA”) cannot guarantee eligibility to travel or to participate in the STSA 68th ANNUAL MEETING & EXHIBITION (“the Event”) if restrictions change. You (“Attendee”) must agree to the terms of this document to register yourself and guest(s) as attendees at the Event.

COVID-19 SAFETY INFORMATION:

STSA and the facility at which the Event is taking place, Loews Atlanta Hotel (the “HOTEL”), may each implement preventative measures (the “Measures”) to reduce the spread of COVID-19 consistent with the guidance and recommendations of public health agencies for slowing the transmission and exposure to COVID-19. The specific Measures required will be established based on conditions present closer to the date of the Event, and notice of the Measures will be provided through signage and other communications. The Measures may include, but are not limited to, mandatory wearing of face coverings at all times, health questionnaires including vaccination checks, temperature checks, sanitation procedures, and physical distancing measures. By registering (including registering any guest(s)), Attendee agrees on behalf of themselves and their guest(s) that they and their guest(s) attending the Event will comply with the Measures unconditionally, and that failure to comply may be enforced by barring non-compliant individuals from the Event. While Measures will be put in place in an attempt to reduce the spread of COVID-19 at the Event, STSA cannot guarantee that its exhibitors, participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in STSA activities at the Event and/or other face to face activities during the Event. By attending the Event, Attendee, on behalf of themselves and their guest(s), agrees that they and their guest(s) will not attend the Event if they fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, and

shortness of breath;

2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or

3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Attendee, on behalf of themselves and their guest(s), agrees to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath, among other things) to notify STSA representatives at the Event immediately if they experience symptoms of COVID-19 while attending, and to notify STSA at stsa@stsa.org as soon as possible for contact tracing purposes if they first experience symptoms of COVID-19 within 14 days after attending the Event.

RELEASE AND WAIVER. ATTENDEE AND THEIR GUEST(S) ATTENDING THE EVENT WILLINGLY ENGAGE IN THE EVENT. ATTENDEE, ON BEHALF OF THEMSELVES AND THEIR GUEST(S) ATTENDING THE EVENT, HEREBY RELEASES, WAIVES, COVENANTS NOT TO SUE, HOLDS HARMLESS AND FOREVER DISCHARGES THE SOUTHERN THORACIC SURGICAL ASSOCIATION AND ITS CONTRACTORS ASSISTING WITH PRESENTATION OF THE EVENT, INCLUDING IN EACH CASE, WITHOUT LIMITATION, ITS AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS (THE "RELEASED PARTIES"), OF AND FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW WHICH MAY RESULT FROM THE ACTS OR OMISSIONS OF ANY OF THE RELEASED PARTIES IN CONNECTION WITH THE EVENT. THIS RELEASE INCLUDES BUT IS NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES. SUCH DAMAGES OR LOSSES INCLUDE BUT ARE NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS, OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH ATTENDEE AND THEIR GUEST(S) ATTENDING THE EVENT, THEIR HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON THEIR BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM ATTENDANCE AT THE EVENT.

ASSUMPTION OF THE RISK. Attendee, on behalf of themselves and their guest(s) attending the Event, acknowledges and understands the following:

1. Participation in the Event includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

2. Attendee and their guest(s) attending the Event knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, as a result of attendance at the Event, including associated risk of injury, harm and loss, even if arising from the negligence or

fault of the Released Parties.

Attendee is responsible for providing a copy of this *COVID-19 Safety Acknowledgement – Assumption of the Risk, Liability Waiver and Release of Claims* to their guest(s) and instructing such guest(s) that their attendance at the Event involves the foregoing assumption of risk, and will not permit any such guest(s) to attend the Event who do not agree to said assumption of risk.

MEDICAL ACKNOWLEDGMENT AND RELEASE. Attendee, on behalf of themselves and their guest(s) attending the Event, acknowledges the health risks associated with the Event, including but not limited to exposure to and contraction of COVID-19, and agrees if Attendee or any such guest(s) experiences any symptoms associated with COVID-19 during the Event, including but not limited to fever, cough, and shortness of breath, such person will discontinue participation at the Event immediately and seek appropriate medical attention. ATTENDEE, ON BEHALF OF THEMSELVES AND THEIR GUEST(S) ATTENDING THE EVENT, HEREBY RELEASES AND FOREVER DISCHARGES THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH PARTICIPATION IN THE EVENT.

ATTENDEE ACKNOWLEDGES AND REPRESENTS THAT it has read the foregoing *COVID-19 Safety Acknowledgement – Assumption of the Risk, Liability Waiver and Release of Claims*, understands it and agrees that they and their guest(s) attending the Event shall be bound thereby. Attendee also acknowledges that they and their guest(s) attending the Event may each be required to sign a copy of this document as a condition of their attendance.

Signature

Printed Name

Date