

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

Cardiothoracic Surgery Specialty

Level of Training:

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

☐ Check this box if you agree to STSA sharing your name and contact information with STSA industry partners or exhibitors who will be supporting this meeting.

Gender: How do you identify?

☐ Female
☐ Male
☐ Non-binary
☐ Prefer not to answer

☐ Prefer to self-describe: _____

ATTENDEE & EVENT REGISTRATION

Active/Senior Member
2023 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)
Trainee (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
2023 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
(Friday, 7:00 pm – 9:00 pm) Two complimentary tickets are included with meeting registration.

Dinner Gala (Saturday, 7:00 pm – 10:00 pm)
Advance registration required.

Adult Ticket
Child Ticket (Ages 12 and younger)
Children's ticket includes a child-friendly dinner.

Trainee Ticket
(Must be registered in Trainee category or be a guest of a registered Trainee to purchase ticket.)

Total Amount

#

FEE

_____ \$500

_____ \$700

_____ \$500

_____ No Charge

_____ \$350

_____ \$450

_____ No Charge

_____ \$25 per person

_____ \$125 per person

_____ \$40 per child

_____ \$75 per person

\$ _____

PAYMENT INFORMATION

Total Amount Due \$ _____

☐ **Check #** _____

Credit Card
Please circle type below or visit [STSA.org](https://www.stsa.org) to register online.

☐ Visa
☐ MasterCard
☐ American Exp.

Cardholder Name and Billing Address

Card #: _____

Exp. Date: _____ CVW #: _____

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](https://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 4, 2023. After October 4, 2023, you must register on site. Please note that there will be an additional \$50 charge for attendees registering on site.

HOTEL RESERVATIONS: Visit [STSA.org/STSA-70th-Annual-Meeting](https://www.stsa.org/STSA-70th-Annual-Meeting) for more information regarding reservations at the Loews Sapphire Falls Resort.

CANCELLATION POLICY: The deadline for all cancellation and refund requests is October 4, 2023. STSA is unable to honor any subsequent requests. Refunds are subject to a \$50 cancellation fee.