



If you'd like to register online or for more information, visit sts.org/codingworkshop.

1. REGISTRANT INFORMATION

- I am an STS member or employed by an STS member. The 6-digit Member ID # is: _____
- I am NOT an STS member or employed by an STS member.

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

 Job Title Institution

 Mailing Address Line 1

 Mailing Address Line 2 City State/Province ZIP/Postal Code

 Email Address (required) Cell Phone* (XXX-XXX-XXXX)

** By providing your cell phone information, you consent to STS potentially providing periodic updates regarding the meeting. You can opt out at any time.*

Profession

- Academic Researcher
- Allied Health – Other
- Anesthesiologist
- Cardiologist
- Cardiothoracic Surgeon
- Cardiothoracic Surgery Resident
- Clinical Nurse Specialist
- Data Manager
- General Surgery Resident
- Industry Employee
- Medical Student
- Nurse Practitioner
- Perfusionist
- Physician Assistant
- Physician – Other
- Practice Administrator
- Pulmonologist
- Registered Nurse
- Other: _____

Practice

- Academic Medicine (medical school or university)
- Academic Medicine w/ an ACGME-approved CT surgery residency program
- Government
- HMO Employed
- Hospital Employed
- Private Practice – small (1-3 surgeons)
- Private Practice – large (4+ surgeons)
- Other (please specify): _____

Percentage of time you devote to (must equal 100%):

Adult Cardiac Surgery ____% Adult Congenital Cardiac Surgery ____% Vascular Surgery ____%
 General Thoracic Surgery ____% Pediatric Congenital Cardiac Surgery ____% Critical Care ____%
 Other ____% (please specify): _____

How did you hear about the 2024 Coding Workshop?

- Email
- Social Media
- Colleague
- STS Website
- Other:

2. REGISTRATION SELECTION *(Please check only one)*

Early Bird – By Jan. 17

Standard – Starting Jan. 18

STS Members & Their Employees*

\$250

\$300

Non-Members & Staff Unaffiliated with an STS Member

\$300

\$350

*Employees: To receive this discounted rate, you must designate the STS Member for whom you work.

STS Member Name: _____

3. PAYMENT Please make check 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