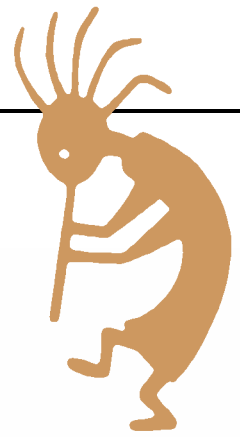


STSA 53rd Annual Meeting Online Registration Form

Southern Thoracic Surgical Association
 November 8-11, 2006
 Starr Pass Marriott
 Tucson, Arizona



All names should be printed as you'd like them to appear on your badge. Please print or type.
 (Please note: All faculty/presenters must fill out this registration form.)

Registrant Information

Last Name	Middle Initial	First Name	Designation

Spouse/Companion Last Name	Middle Initial	First Name	

Address			

City	State	Zip	

Office Phone	Home Phone		

Fax	E-mail		

REGISTRATION DEADLINE

You must pre-register by **October 13, 2006**. After October 13, 2006, you must register on-site.

CANCELLATION POLICY

The deadline for all cancellation and refund requests is October 13, 2006. Unfortunately, we are unable to honor any subsequent requests.

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

STATUS/EVENT	REGISTRATION FEE	TOTAL
Member* <small>*Membership dues must be paid in order to receive this rate. If we do not have record of payment for your dues, you will be asked to remit payment prior to registration, or pay the nonmember fee.</small>	\$350	
Non-Member	\$550	
Spouse/Companion	No charge	
Residents/Fellows	No charge	
Nurses, PAs, Paramedical	\$300	
Faculty (presenter)	No charge	
Coding Workshop Luncheon	No charge	
President's Mixer (up to 2)	No charge	
President's Mixer additional	\$15 per person	
Spouse's Postgraduate Session	No charge	
Black Tie Dinner	\$95 per person	
Golf Tournament	\$160 per person	
Tennis Tournament	\$35 per person	
TOTAL DUE:		\$

PAYMENT INFORMATION

Total Amount Due: _____

Cash (for on-site registration only)

Check # _____

Credit Card (Please circle one.)

Visa MasterCard AmEx

Card# _____

Exp. Date: _____

Signature _____

NOTE: All events are subject to change or cancellation without notice.
PLEASE FAX TO THIS FORM TO: (312) 202-5829; or mail to: 633 N. Saint Clair Street, Suite 2320, Chicago IL 60611-3658.