

REGISTRATION FORM



2010 STSA ANNUAL MEETING
NOVEMBER 3-6, ORLANDO, FL

REGISTRANT INFORMATION

VISIT WWW.STSA.ORG TO REGISTER ONLINE

All names should be printed as you'd like them to appear on your badge

LAST NAME	FIRST NAME	MIDDLE INITIAL	DESIGNATION/DEGREE
SPOUSE/GUEST LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

CHECK HERE IF THIS WILL BE YOUR FIRST STSA ANNUAL MEETING AS A MEMBER

ATTENDEE & EVENT REGISTRATION	#	FEE
MEMBER <i>2010 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 nonmember fee.</i>	_____	\$350
NON-MEMBER	_____	\$550
FACULTY (PRESENTER)	_____	\$350
RESIDENT/FELLOW/MEDICAL STUDENT <i>To register for this category please submit a signed statement from Chief of service certifying attendee is a Resident/Fellow/Medical Student.</i>	_____	No Charge
NURSE, PA, PARAMEDICAL	_____	\$300
SPOUSE/COMPANION	_____	No Charge
ADDITIONAL PRESIDENT'S MIXER TICKETS (Fri, 7-9pm) <i>Two complimentary tickets are included with registration.</i>	_____	\$25/person
INSPIRATION: THROUGH WALT'S EYES TOUR (Thurs, 1-4pm)	_____	Register at www.stsa.org
THE FLORAL EXPERIENCE (Sat, 9-10:30am) <i>Advance registration required. Subject to cancellation if registration is insufficient. Refunds will be issued upon cancellation.</i>	_____	\$65/person
GOLF TOURNAMENT (Sat, 12:45pm: shotgun start) <i>A limited number of tee times are available. Be sure to register in advance.</i>	_____	\$150/person
TENNIS TOURNAMENT (Sat, 1pm) <i>Advance registration required. Subject to cancellation if registration is insufficient. Refunds will be issued upon cancellation.</i>	_____	\$50/person
FISHING TOURNAMENT (Sat, 1pm) <i>Sell out is expected -be sure to register in advance.</i>	_____	\$50/person
ANNUAL AWARDS DINNER & DANCE (Sat, 7-11pm) <i>Resort Casual Attire. Advance registration recommended. A limited number of tickets will be sold onsite.</i>	_____	\$95/person
KID'S SANDCASTLE CLUB (Sat, 4:30pm-Midnight) <i>This service is limited. Please make reservations in advance.</i>	_____	Call 407-WDW-DINE for reservations
TOTAL AMOUNT	_____	\$ _____

PAYMENT INFORMATION
TOTAL AMOUNT DUE \$ _____
<input type="checkbox"/> CHECK # _____
CREDIT CARD <i>Please circle one or visit www.stsa.org to register online.</i>
VISA MASTERCARD AMERICAN EXPRESS
CARDHOLDER NAME AND BILLING ADDRESS: _____ _____ _____
CARD # _____
EXP. DATE _____
SIGNATURE _____

REGISTRATION METHODS

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 312-202-5829

Contact STSA with questions at 312-202-5835
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, 2010. After October 4, 2010, you must register on-site. Please note, there will be an additional \$50 charge for attendees registering on-site.

CANCELLATION POLICY
The deadline for all cancellation and refund requests is October 4, 2010. Unfortunately, we are unable to honor any subsequent requests. Refunds are subject to a \$50 administrative fee.

HOTEL RESERVATIONS
Visit www.stsa.org for information regarding reservations at Disney's Yacht and Beach Club.