

AMERICAN ASSOCIATION FOR THORACIC SURGERY (AAT101)
2010 Annual Meeting – Metro Toronto Convention Centre – Toronto, Ontario, Canada – May 1 – 5, 2010

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
 Institution: _____
 Address: _____
 City/State _____ Country: _____ Zip/Postal Code: _____
 Email: _____ Telephone: _____ Fax: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____

PRIMARY SPECIALTY: Adult Cardiac Congenital General Thoracic Vascular Other _____

**All Registration Fees are quoted in U.S. Dollars

MEETING FEES:

A. <input type="checkbox"/> Member	Onsite
B. <input type="checkbox"/> Non-Member Presenting Author	N/C
C. <input type="checkbox"/> Non-Member Physician	N/C
D. <input type="checkbox"/> Allied Health	\$425
E. <input type="checkbox"/> Resident/ Fellow	\$325
M. <input type="checkbox"/> Medical Student	\$75
F. <input type="checkbox"/> Spouse/Guest*	\$75
	N/C

*Name for Badge _____

SOCIAL PROGRAM/TOURS:

- Tuesday, May 4, 2010 – 7:00p.m.-10:00p.m.**
 Attendee Reception at the Hockey Hall of Fame
 \$75 x # ____ of Tickets = \$ _____
- 1. Saturday, May 1, 2010 – 9:00 a.m. - 6:00 p.m.**
 Niagara-on-the-Lake, Winery Tour, Niagara Falls
SOLD OUT
- 2. Sunday, May 2, 2010 – 10:00 a.m. - 2:00 p.m.**
 Toronto City Tour & The Distillery District Tour
 \$30 x # ____ of Tickets = \$ _____
- 3. Monday, May 3, 2010 – 10:00 a.m. - 3:00 p.m.**
 Royal Ontario Museum, Shopping in Yorkville, Tea at the Windsor Arms
 \$100 x # ____ of Tickets = \$ _____
- 4. Tuesday, May 4, 2010 – 9:00 a.m. - 3:00 p.m.**
 McMichael Canadian Art Gallery
 \$85 x # ____ of Tickets = \$ _____

SYMPOSIA

<u>Saturday, May 1, 2010</u>	ONSITE
<input type="checkbox"/> Adult Cardiac Skills	\$ 125 _____
<input type="checkbox"/> Congenital Skills	\$ 125 _____
<input type="checkbox"/> General Thoracic Skills	\$ 125 _____
<input type="checkbox"/> Developing the Academic Surgeon Symposium	\$ 125 _____
<input type="checkbox"/> Professionalism and the Cardiothoracic Specialty	\$ 125 _____
<input type="checkbox"/> Robotics Cardiothoracic Surgery Symposium	\$ 125 _____
<u>Sunday, May 2, 2010</u>	
<input type="checkbox"/> Adult Cardiac Surgery Symposium*	
*Lunch is included in the price of the symposium registration. Please select one luncheon to attend. First come first served.	
<input type="checkbox"/> Adult Cardiac Lunch 'A' – Robotic Mitral Valve Repair	
<input type="checkbox"/> Adult Cardiac Lunch 'B' – CABG in 2010	
<input type="checkbox"/> Congenital Heart Disease Symposium	
<input type="checkbox"/> General Thoracic Surgery Symposium	
<input type="checkbox"/> Cardiothoracic Critical Care Symposium	
<input type="checkbox"/> One Sunday Symposium	\$ 325 _____
<i>Resident/Fellow/Medical Student</i>	\$ 100 _____
<input type="checkbox"/> Two Sunday Symposia	\$ 375 _____
<i>Resident/Fellow/Medical Student</i>	\$ 200 _____
<input type="checkbox"/> Three Sunday Symposia	\$ 425 _____
<i>Resident/Fellow/Medical Student</i>	\$ 300 _____
<input type="checkbox"/> Four Sunday Symposia	\$ 475 _____
<i>Resident/Fellow/Medical Student</i>	\$ 400 _____

Educational Program: Building a Hybrid OR of the Future ©* \$100
 *Registration fee applies only if NOT registered for Annual Meeting

- Monday, May 3, 2010** **Tuesday, May 4, 2010**

Cardiothoracic Residents' Luncheon **SOLD OUT**
Monday, May 3, 2010 Cardiac General Thoracic Medical Student
 *Onsite registrations will be accepted on a space available basis and first come, first served

Wednesday, May 5, 2010
 Endobronchial Ultrasound (EBUS) Training Course **SOLD OUT**

One Day Passes

Scientific Session – One Day Pass **\$150/day** _____
(Monday, Tuesday or Wednesday)

Exhibit Hall – One Day Pass **\$100/day** _____
(Sunday, Monday or Tuesday)

****A credit card valid through May 2010 is required to confirm meeting registration and housing. Forms received without a valid credit card and expiration date will not be processed.**

TOTAL AMOUNT DUE: _____ **TOTAL AMOUNT PAID:** _____

Cash (U.S. Dollars) **Travelers Check** **Check:** Check # _____

All checks must be in U.S. dollars and drawn on a U.S. bank payable to the AATS.

Credit Card** MasterCard Visa American Express **Please have card ready for Cashier**

Name of Cardholder (*print*): _____

Signature: _____

Date: _____ Cashier's Initials _____