American Association for Thoracic Surgery

Clinical Trials Methods Course ▪ October 23-25, 2014

Hyatt Regency O'Hare • 9300 Bryn Mawr Avenue, Rosemont, Illinois

REGISTRATION FORM

(Online registration available at: www.aats.org)

In order to complete the registration process, kindly complete and submit the form below. All fields are required.

PLEASE PRINT OR TYPE — **REGISTRATION DEADLINE: TUESDAY, SEPTEMBER 30, 2014**

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____ **ZIP:** _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ATTENDEE FEES — **PLEASE CHECK THE LINE BELOW FOR YOUR DESIRED COURSE SELECTION**

AATS Member

_____ Clinical Trials Methods Course $495 $_____

Physician

_____ Clinical Trials Methods Course $595 $_____

Resident/Fellow* *(check course selection below)*

_____ Clinical Trials Methods Course $295 $_____

TOTAL FEES DUE **$_____**

**With Letter from Chief of Service*

1. **What is your specialty?**
   - ☐ **Adult Cardiac Surgery**
   - ☐ **Congenital Heart Disease**
   - ☐ **General Thoracic Surgery**
   - ☐ **Vascular Surgery**
   - ☐ **Other** _____

2. **Will you be bringing a site coordinator with you to the program?**
   - ☐ **Yes** **Name:** _____
   - ☐ **No**

3. **Who should we contact in case of emergency?**

   Name: _____

   Phone: _____

4. **Have you previously been part of a clinical trial?**
   - ☐ **Yes**
   - ☐ **No**

5. **Is there a Clinical Trial idea that you hope to develop during the Course?**
   - ☐ **Yes**
   - ☐ **No**

   If Yes, Please Provide Title of Idea: _____

   ***A one-page description is requested if available.**

FORM CONTINUES ON NEXT PAGE

PAYMENT METHOD

Fees payable via American Express, MasterCard, Visa or Check.

Checks must be drawn on a U.S. bank and are payable to AATS Graham Research Foundation.

☐  ☐  ☐  ☐ **Check Enclosed**

CREDIT CARD INFORMATION: _____ **EXPIRATION DATE:** ____ /_____

NAME AS IT APPEARS ON CARD:_____

BILLING ADDRESS:_____ **SECURITY CODE:** _____

_____

_____

SIGNATURE:

_____

I authorize AATS to charge my credit card the above fees.

Pursuant to the Americans with Disabilities Act, I require specific aids or services. Please specify below.

- ☐ **Audio**
- ☐ **Visual**
- ☐ **Mobile**
- ☐ **Dietary**
- ☐ **Other (please specify)** _____

A block of rooms has been reserved at the Hyatt Regency O'Hare at the group rate of $159 plus tax. Please make your reservations early as rooms will fill up quickly. To make your reservation, go online to https://resweb.passkey.com/go/gaatc or by phone at 888-421-1442. For those calling by phone please be sure to ask for a room under the "American Association for Thoracic Surgery" block.

CANCELLATION POLICY: Cancellations cannot be made via the online website, but must be made in writing to the AATS Administrative Offices. Direct your correspondence to: AATS, 500 Cummings Center, Suite 4550, Beverly, MA 01915 USA. You may also e-mail your correspondence to: *meetings@aats.org*. **If written notice of cancellation is received at the AATS Administrative Offices on or before September 22, 2014**, the registration fee, less a $50 USD administrative fee, will be refunded after the meeting.

Fax to: 978-524-0461,
or mail to:
AATS Clinical Trials Methods Course Registration
500 Cummings Center, Suite 4550
Beverly, MA 01915