

**REGISTER NOW FOR THE CONFERENCE AND SECURE YOUR HOTEL RESERVATION.
AT THE END OF JANUARY 2017, YOU MAY REGISTER FOR COURSES, SEMINARS AND WORKSHOPS.**

REGISTER & RESERVE HOTEL

<p>BY INTERNET: http://conference.thoracic.org/go/ats2017-register</p>	<p>BY MAIL: ATS 2017 c/o Convention Data Services 107 Waterhouse Road Bourne, MA 02532</p>	<p>BY TELEPHONE: Credit Cards Only 866-635-3582 (9am-5pm ET) 508-743-8518 (outside the U.S. & Canada) 508-743-8519 (International groups of 10 or more)</p>	<p>BY FAX: 24-Hours, Credit Cards Only 508-743-9673</p>
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METHODS OF PAYMENT* All fees must be paid in U.S. Dollars

CHECK OR MONEY ORDER: Make check or money order payable to American Thoracic Society.
NO VOUCHERS OR PURCHASE ORDERS ACCEPTED.
WIRE TRANSFERS ACCEPTED FOR GROUPS ONLY.
(Any checks received drawn on an overseas bank will be returned.)

CREDIT CARD: Credit Card information required to confirm hotel reservation.
 MC AmEx VISA Discover JCB Diner's Club

CONTACT IN CASE OF EMERGENCY: _____

NAME: _____

TELEPHONE #: _____

EMAIL: _____

RELATIONSHIP: _____

▲ CREDIT CARD NUMBER	▲ EXP. DATE (mm/yyyy)
▲ SIGNATURE	▲ PRINT NAME AS IT APPEARS ON CARD

Adjustment Clause: In the event that the total amount due is miscalculated on this form, ATS reserves the right to audit or adjust any total charges due.

TOTAL REGISTRATION FEES (FROM PART 3) \$ _____	
TOTAL BENEFIT SUPPORT (FROM PART 5) \$ _____	
SERVICE CHARGE (required) \$ _____	\$10.00
TOTAL PAYMENT \$ _____	

FOR OFFICE USE ONLY			
#	Amount	Date	Check#

1 NAME/BADGE AND ADDRESS INFORMATION * Required information

▲ FIRST/GIVEN NAME*	▲ MI*	▲ LAST/FAMILY NAME*	<small>mm / dd / yyyy</small>	<input type="checkbox"/> M <input type="checkbox"/> F
▲ DATE OF BIRTH*	▲ GENDER*			
▲ INSTITUTION, AGENCY*	▲ MAILING ADDRESS*			THIS IS: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE
▲ CITY*	▲ STATE/COUNTRY*	▲ ZIP/POSTAL CODE*		
▲ OFFICE TELEPHONE*	▲ FAX NUMBER	▲ E-MAIL ADDRESS*		
▲ MEMBER ID NUMBER (if applicable)*	▲ NAME OF SPOUSE/PARTNER/GUEST* (FOR BADGE) (See Part 3 for registration fee.)			

- Check here if you have special needs under the Americans with Disabilities Act (we will contact you.)
- Check if attending the International Conference for the first time. Check if you do not want your contact information available to exhibitors.

Conference Affirmations:
Please indicate your agreement with the following Conference affirmations by clicking the box.

Code of Conduct: I have read and will adhere to the [ATS International Conference Code of Conduct](#).

Recording of Sessions: The use of cameras and audio recording equipment (including, but not limited to, cellular phones, film, digital, and video) is prohibited anywhere during the conference without prior written permission from the ATS. Those caught violating this policy will be subject to the consequences of the participant code of conduct.

Open Payments ("Sunshine Act")
In order to comply with Section 6002 of the Affordable Care Act Open Payments Program, U.S. physicians are asked to provide information in addition to what is requested on this form. If you answer "Yes" to the following question, you will be contacted via email:
Are you licensed to practice in the U.S. as any one of the following: Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Dental Surgery, Doctor of Podiatry, Doctor of Optometry, Doctor of Chiropractic Medicine? Yes No

▲ FIRST/GIVEN NAME*

▲ MI*

▲ LAST/FAMILY NAME*

2 REGISTRANT PROFILE * Required information

The information collected below is to aid the ATS in the planning of future International Conferences.

A. Education/Credentials (indicate up to 3 in preferred order for badge by marking each 1, 2, 3)*

- | | | | | | | |
|-------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 01 ACNS-BC | <input type="checkbox"/> 07 BSc | <input type="checkbox"/> 13 DPhil | <input type="checkbox"/> 19 JD | <input type="checkbox"/> 25 MHS | <input type="checkbox"/> 31 NP | <input type="checkbox"/> 37 RPh |
| <input type="checkbox"/> 02 BA | <input type="checkbox"/> 08 BSN | <input type="checkbox"/> 14 DrMed | <input type="checkbox"/> 20 MA | <input type="checkbox"/> 26 MPH | <input type="checkbox"/> 32 PA | <input type="checkbox"/> 38 RRT |
| <input type="checkbox"/> 03 BM | <input type="checkbox"/> 09 CRT | <input type="checkbox"/> 15 DrPH | <input type="checkbox"/> 21 MBA | <input type="checkbox"/> 27 MRCP | <input type="checkbox"/> 33 PharmD | <input type="checkbox"/> 39 ScD |
| <input type="checkbox"/> 04 BM BCH | <input type="checkbox"/> 10 DDS | <input type="checkbox"/> 16 DrPT | <input type="checkbox"/> 22 MBBS | <input type="checkbox"/> 28 MS | <input type="checkbox"/> 34 PhD | <input type="checkbox"/> 40 Other: _____ |
| <input type="checkbox"/> 05 BPharm | <input type="checkbox"/> 11 DMD | <input type="checkbox"/> 17 DSc | <input type="checkbox"/> 23 MBChB | <input type="checkbox"/> 29 MSc | <input type="checkbox"/> 35 PT | |
| <input type="checkbox"/> 06 BS | <input type="checkbox"/> 12 DO | <input type="checkbox"/> 18 DVM | <input type="checkbox"/> 24 MD | <input type="checkbox"/> 30 MSN | <input type="checkbox"/> 36 RN | |

B. Work Setting (check all that apply)*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 01 Academic, Private | <input type="checkbox"/> 07 Government, State | <input type="checkbox"/> 13 Industry/Device | <input type="checkbox"/> 19 Professional Society (employee) |
| <input type="checkbox"/> 02 Academic, Public | <input type="checkbox"/> 08 Government, Other | <input type="checkbox"/> 14 Industry/Pharmaceuticals | <input type="checkbox"/> 20 Veteran Affairs |
| <input type="checkbox"/> 03 Community Health Center | <input type="checkbox"/> 09 Health Maintenance Organization | <input type="checkbox"/> 15 Industry/Research | <input type="checkbox"/> 21 Other: _____ |
| <input type="checkbox"/> 04 Government, Federal | <input type="checkbox"/> 10 Hospital, Community | <input type="checkbox"/> 16 Military | |
| <input type="checkbox"/> 05 Government, International | <input type="checkbox"/> 11 Hospital, University | <input type="checkbox"/> 17 Practice, Group | |
| <input type="checkbox"/> 06 Government, Local | <input type="checkbox"/> 12 Hospital, Other | <input type="checkbox"/> 18 Practice, Individual | |

C. Major Areas/Nature of Professional Work/Training (check all that apply)*

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> 01 Administration/Management | <input type="checkbox"/> 18 Clinical Research Coordinator | <input type="checkbox"/> 34 Hospitalist Practice | <input type="checkbox"/> 51 Pharmacy | <input type="checkbox"/> 67 Research (Basic Science) |
| <input type="checkbox"/> 02 Advocacy | <input type="checkbox"/> 19 Critical Care (Adult) | <input type="checkbox"/> 35 Immunology | <input type="checkbox"/> 52 Physical Therapy | <input type="checkbox"/> 68 Research (Clinical) |
| <input type="checkbox"/> 03 Allergy/Immunology | <input type="checkbox"/> 20 Critical Care (Pediatric) | <input type="checkbox"/> 36 Infectious Disease | <input type="checkbox"/> 53 Physician Assistant | <input type="checkbox"/> 69 Research (Epidemiology) |
| <input type="checkbox"/> 04 Anesthesiology | <input type="checkbox"/> 21 Critical Care (Other) | <input type="checkbox"/> 37 Informatics/Info. Systems | <input type="checkbox"/> 54 Physiology, Cellular | <input type="checkbox"/> 70 Resident |
| <input type="checkbox"/> 05 Assistant Professor | <input type="checkbox"/> 22 Dentistry | <input type="checkbox"/> 38 Internal Medicine | <input type="checkbox"/> 55 Physiology, Integrative/ Organ System | <input type="checkbox"/> 71 Respiratory Therapy |
| <input type="checkbox"/> 06 Associate Professor | <input type="checkbox"/> 23 Education/Teaching | <input type="checkbox"/> 39 Journalism | <input type="checkbox"/> 56 Post-Doctoral | <input type="checkbox"/> 72 Retired |
| <input type="checkbox"/> 07 Basic Microbiology | <input type="checkbox"/> 24 Emergency Medicine | <input type="checkbox"/> 40 Law | <input type="checkbox"/> 57 Preventive Medicine | <input type="checkbox"/> 73 Sleep Medicine |
| <input type="checkbox"/> 08 Behavioral Science | <input type="checkbox"/> 25 Environmental Medicine | <input type="checkbox"/> 41 Marketing or Commercial | <input type="checkbox"/> 58 Psychiatry | <input type="checkbox"/> 74 Social Sciences |
| <input type="checkbox"/> 09 Biochemistry | <input type="checkbox"/> 26 Epidemiology | <input type="checkbox"/> 42 Neonatology | <input type="checkbox"/> 59 Psychology | <input type="checkbox"/> 75 Student (Non-Physician) |
| <input type="checkbox"/> 10 Biomedical Engineering | <input type="checkbox"/> 27 Family Medicine | <input type="checkbox"/> 43 Neuroscience | <input type="checkbox"/> 60 Public Health | <input type="checkbox"/> 76 Student (Physician) |
| <input type="checkbox"/> 11 Biophysics | <input type="checkbox"/> 28 Fellow | <input type="checkbox"/> 44 Nursing | <input type="checkbox"/> 61 Pulmonary (Adult) | <input type="checkbox"/> 77 Surgery, Thoracic |
| <input type="checkbox"/> 12 Biostatistics | <input type="checkbox"/> 29 Full Professor | <input type="checkbox"/> 45 Occupational Medicine | <input type="checkbox"/> 62 Pulmonary (Interventional) | <input type="checkbox"/> 78 Surgery, Other |
| <input type="checkbox"/> 13 Cardiology (Adult) | <input type="checkbox"/> 30 Genetics | <input type="checkbox"/> 46 Oncology | <input type="checkbox"/> 63 Pulmonary (Pediatric) | <input type="checkbox"/> 79 Technician/Technical Support |
| <input type="checkbox"/> 14 Cardiology (Pediatric) | <input type="checkbox"/> 31 Geriatrics | <input type="checkbox"/> 47 Palliative Care | <input type="checkbox"/> 64 Quality Improvement | <input type="checkbox"/> 80 Veterinary Medicine |
| <input type="checkbox"/> 15 Cardiology (Other) | <input type="checkbox"/> 32 Health Policy | <input type="checkbox"/> 48 Pathology | <input type="checkbox"/> 65 Radiology | <input type="checkbox"/> 81 Other: _____ |
| <input type="checkbox"/> 16 Cell & Molecular Biology | <input type="checkbox"/> 33 Health Regulation | <input type="checkbox"/> 49 Pediatrics | <input type="checkbox"/> 66 Rehabilitation | |
| <input type="checkbox"/> 17 Clinical Microbiology | | <input type="checkbox"/> 50 Pharmacology | | |

D. Indicate how much of your time is spent:

- | | | | | | |
|---------------------------------|-----------------------------|--------------------------------|---------------------------------|---------------------------------|----------------------------------|
| Patient Care (Check one) | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25% | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |
| Research (Check one) | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25% | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |
| Teaching (Check one) | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25% | <input type="checkbox"/> 26-50% | <input type="checkbox"/> 51-75% | <input type="checkbox"/> 76-100% |

E. Indicate which topics are of interest to you (check all that apply)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 01 ARDS | <input type="checkbox"/> 14 Other Congenital, Genetic and Developmental Lung Diseases | <input type="checkbox"/> 26 HIV/AIDS | <input type="checkbox"/> 38 Narcolepsy |
| <input type="checkbox"/> 02 Sepsis | <input type="checkbox"/> 15 Environmental, Exposure-Related and Occupational Lung Diseases | <input type="checkbox"/> 27 Other Systemic Diseases Affecting the Respiratory System | <input type="checkbox"/> 39 Obstructive Sleep Apnea |
| <input type="checkbox"/> 03 Shock | <input type="checkbox"/> 16 Fungal Lung Diseases | <input type="checkbox"/> 28 Idiopathic Pulmonary Fibrosis | <input type="checkbox"/> 40 Parasomnias |
| <input type="checkbox"/> 04 Other Respiratory Failure/Injury | <input type="checkbox"/> 17 CAP | <input type="checkbox"/> 29 Other Interstitial Lung Diseases | <input type="checkbox"/> 41 Restless Leg Syndrome |
| <input type="checkbox"/> 05 Alpha-1 Antitrypsin | <input type="checkbox"/> 18 HAP/VAP | <input type="checkbox"/> 30 Lung Cancers | <input type="checkbox"/> 42 Other Sleep-Related and Neuromuscular Breathing Disorders |
| <input type="checkbox"/> 06 Asthma | <input type="checkbox"/> 19 Nontuberculous Mycobacterial Infection | <input type="checkbox"/> 31 Lymphangioliomyomatosis | <input type="checkbox"/> 43 Duchenne Muscular Dystrophy |
| <input type="checkbox"/> 07 Bronchiectasis | <input type="checkbox"/> 20 Pleural Infections | <input type="checkbox"/> 32 Sarcoidosis | <input type="checkbox"/> 44 Global Health |
| <input type="checkbox"/> 08 COPD | <input type="checkbox"/> 21 Pneumonia | <input type="checkbox"/> 33 Other Nonspecific Interstitial Pneumonitis | <input type="checkbox"/> 45 Pulmonary Embolism/Deep Vein Thrombosis |
| <input type="checkbox"/> 09 Other Diseases of Air Movement and Airways | <input type="checkbox"/> 22 Primary Ciliary Dyskinesia | <input type="checkbox"/> 34 Mesothelioma | <input type="checkbox"/> 46 Rare Lung Diseases |
| <input type="checkbox"/> 10 Chronic Thromboembolic Pulmonary Hypertension | <input type="checkbox"/> 23 Sickle Cell Disease | <input type="checkbox"/> 35 Pleural Effusion | <input type="checkbox"/> 47 Transplantation |
| <input type="checkbox"/> 11 Pulmonary Hypertension | <input type="checkbox"/> 24 Tuberculosis | <input type="checkbox"/> 36 Other Diseases of the Pleura and Chest Wall | |
| <input type="checkbox"/> 12 Other Pulmonary Vascular Diseases | <input type="checkbox"/> 25 Other Infectious Lung Diseases | <input type="checkbox"/> 37 Myasthenia Gravis | |
| <input type="checkbox"/> 13 Cystic Fibrosis | | | |

▲ FIRST/GIVEN NAME*

▲ MI*

▲ LAST/FAMILY NAME*

2 REGISTRANT PROFILE *continued*

F. Please indicate which of the following organizations you are a member (check all that apply):

- 01 AASM 02 ACCP 03 ALAT 04 APSR 05 ERS 06 FASEB 07 JRS 08 PATS 09 SCCM

G. Under-Represented Groups in U.S. Health-Related Sciences

The ATS is committed to fostering diversity and inclusion across all ATS activities and events. Please indicate with which of the following groups you identify (check all that apply):

- 01 Non-U.S. Citizen and Non-Permanent Resident 03 American Indian or Alaska Native 06 Hispanic, Latino, or of Spanish Origin 08 White
 02 Respectfully decline to answer 04 Asian 07 Native Hawaiian or Other Pacific Islander 09 Other
 05 Black or African-American

The ATS is committed to fostering diversity and inclusion across all ATS activities and events.

H. Do you identify as Lesbian, Gay, Bisexual, Transgender or Questioning? (LGBTQ)? Yes No Respectfully decline to answer

3 GENERAL REGISTRATION FEE * Required information

Member Registration Fees. If you are a member of the American Thoracic Society, check one category in the Members section. You must be an ATS member at the time of registration to be eligible for the member fee.

Non-Member Registration Fees. If you are not a member of the ATS, check one category in the non members section.

Pre-registration fees received by March 22 are discounted. See below.

CHECK APPROPRIATE REGISTRATION CATEGORY*	EARLY BIRD (THROUGH MARCH 22)	LATE ADVANCE (MARCH 23-MAY 18)	ONSITE (MAY 19-24)
ATS MEMBERS			
<input type="checkbox"/> A Full Member	\$765	\$825	\$925
<input type="checkbox"/> B Affiliate Member	900	935	1000
<input type="checkbox"/> C In-Training Member	290	325	390
<input type="checkbox"/> D Senior/Emeritus Member	290	325	390
<input type="checkbox"/> E One Day Only	415	450	515
<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed			
NON-MEMBERS			
<input type="checkbox"/> F Non-Member	\$1,150	\$1,200	\$1,290
<input type="checkbox"/> G In-Training Non-Member+	365	400	465
<input type="checkbox"/> H One Day Only	515	550	615
<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed			

+Those registering in this category must supply the following:

Program Director's Name _____

Program Director's Email Address _____

University/Institution _____

Program Start Date _____ (mm/dd/yyyy) Program End Date _____ (mm/dd/yyyy)

NON CREDIT CATEGORIES Those registering in these categories are NOT eligible to receive Continuing Medical Education credits, Nursing Contact Hours, or apply for MOC points.

- I Spouse/Partner/Guest** \$150 \$150 \$150

** Includes admission to the Opening Ceremony, Awards Session, Plenary Session and Exhibit Hall only.

If you do not want to attend these events, you do not need to pay this fee.

- J Research Administrator/Association Executive# \$150 \$150 \$150

#May not register for seminars or workshops.

- K Clinical Research Coordinator° \$150 \$150 \$150

°Those registering in this category must provide the following:

Institution Name _____

Supervisor's Name _____ Supervisor's Email Address _____

TOTAL PART 3 FEES \$

▲ FIRST/GIVEN NAME*

▲ MI*

▲ LAST/FAMILY NAME*

4 HOTEL RESERVATION

Check here only if housing is not required: local resident staying with friends/relatives other: _____

See ATS website for [hotel details](#). Please indicate your hotel choices below.

You must register for the conference in order to secure a hotel reservation.

Hotel choice based primarily on: rate location hotel

1st choice hotel name _____ 2nd choice hotel name _____

3rd choice hotel name _____

Room Type: **single** (1 person/1 bed) **double** (2 persons/1 bed) **twin** (2 persons/2 beds) **triple** (3 persons/2 beds)
 quad (4 persons/2 beds) **1 bedroom suite** (on request) **2 bedroom suite** (on request)

ARRIVAL DAY/DATE: _____ DEPARTURE DAY/DATE: _____

Name(s) of person(s) sharing my room (other than spouse/partner/guest written in Part 1): _____

Hotel Special Request (subject to availability): Concierge Level Frequent Stay Program:

Name: _____ ID Number: _____

Hotel rooms are limited. If none of your choices are available, please indicate your preference below:

- Do not assign me a room Assign me a room at a hotel with similar rate
- Assign me a room at any other hotel Assign me a room at hotel in similar location

In order to confirm your hotel room or suite reservation, you must include a credit card with an expiration date valid through June of 2017. A hotel reservation **will not** be made if a valid credit card is not supplied on page A.

All hotels servicing the ATS International Conference are proud to support the Foundation of the ATS. \$5 per night from your room rate will support research for lung disease.

5 NINTH ANNUAL ATS FOUNDATION RESEARCH PROGRAM BENEFIT

Saturday, May 20, 7 p.m.

Reserved Seating

- Visionary Package (access for 25) \$25,000
- Champion Package (access for 15) \$10,000
- Patron Package (access for 12) \$5,000
- Sustainer Package (access for 10) \$3,500
- Founder (access for 2) \$1,000 Quantity: _____

Unreserved Access

- Supporter (access for 1) \$350 Quantity: _____
- ATS In-Training Attendee (access for 1) \$50

Please check the Foundation website at foundation.thoracic.org for amenities offered with each of the ticket levels above.

- Underwrite an In-Training Attendee to the Benefit \$100 Quantity: _____
ATS will contact you for the names of your In-Training Attendees.

Special Gift to Funds for the Future

- Contribute to the ATS Funds for the Future \$ _____

*For Non-Corporate Sponsorship, contact Ally Felix, afelix@thoracic.org.
 For Corporate Sponsorship, contact Lara Endreszl, lendreszl@thoracic.org*

TOTAL PART 5 FEES

\$
