

REGISTER NOW FOR THE CONFERENCE.
AT THE END OF JANUARY 2019, YOU MAY REGISTER FOR COURSES, SEMINARS AND WORKSHOPS.

REGISTER

<p>BY INTERNET: www.thoracic.org/go/ats2019register</p>	<p>BY MAIL: ATS 2019 c/o Convention Data Services 7 Technology Park Drive 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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<p>METHODS OF PAYMENT* All fees must be paid in U.S. Dollars</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diner's Club</p>	<p>CONTACT IN CASE OF EMERGENCY:</p> <p>NAME: _____</p> <p>TELEPHONE #: _____</p> <p>EMAIL: _____</p> <p>RELATIONSHIP: _____</p>
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<p>▲ CREDIT CARD NUMBER _____</p> <p>▲ EXP. DATE (mm/yyyy) _____</p>	<p>▲ SIGNATURE _____</p> <p>▲ PRINT NAME AS IT APPEARS ON CARD _____</p>
<p><i>Adjustment Clause:</i> 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.</p>	
<p>TOTAL REGISTRATION FEES (FROM PART 3) \$ _____</p> <p>TOTAL BENEFIT SUPPORT (FROM PART 5) \$ _____</p> <p>SERVICE CHARGE (required) \$ \$10.00</p> <p>TOTAL PAYMENT \$ _____</p>	

FOR OFFICE USE ONLY			
#	Amount	Date	Check#

1 NAME/BADGE AND ADDRESS INFORMATION * Required information

▲ FIRST/GIVEN NAME* _____	▲ MI* _____	▲ LAST/FAMILY NAME* _____	▲ DATE OF BIRTH* _____	▲ GENDER* <input type="checkbox"/> M <input type="checkbox"/> F
▲ 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.

Do you need a printed copy of the Final Program onsite? Yes No

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](#).

Please state that you have read and agree to the Convention Data Services GDPR Privacy Policy.(EU Registrants Only). **Privacy Policy:** <https://www.xpressreg.net/CoreIncludes/GDPR.pdf>

Recording of Sessions: The use of cameras and audio recording equipment (including, but not limited to cellular phones, film, digital, and video) is prohibited in the Exhibit Hall. Photographs may be taken during sessions or poster presentations, provided that the photographs are strictly for personal, noncommercial use and are not to be published in any form. Attendees are prohibited from using flash photography or otherwise distracting the presenters or members of the audience.

Conference attendees cannot share pictures and information from sessions or poster presentations on their social media accounts unless they have permission from the presenter.

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 for additional information.

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

B. Work Setting (check all that apply)*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 01 Academic, Private | <input type="checkbox"/> 07 Government, State | <input type="checkbox"/> 13 Industry, Biotech | <input type="checkbox"/> 19 Practice, Individual |
| <input type="checkbox"/> 02 Academic, Public | <input type="checkbox"/> 08 Government, Other | <input type="checkbox"/> 14 Industry, Devices | <input type="checkbox"/> 20 Professional Society (employee) |
| <input type="checkbox"/> 03 Community Health Center | <input type="checkbox"/> 09 Health Maintenance Organization | <input type="checkbox"/> 15 Industry, Pharmaceuticals | <input type="checkbox"/> 21 Public Health |
| <input type="checkbox"/> 04 Government, Federal | <input type="checkbox"/> 10 Hospital, Community | <input type="checkbox"/> 16 Military | <input type="checkbox"/> 22 Veteran Affairs |
| <input type="checkbox"/> 05 Government, International | <input type="checkbox"/> 11 Hospital, University | <input type="checkbox"/> 17 NGO | <input type="checkbox"/> 23 Other: _____ |
| <input type="checkbox"/> 06 Government, Local | <input type="checkbox"/> 12 Hospital, Other | <input type="checkbox"/> 18 Practice, Group | |

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

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> 01 Administration/Management | <input type="checkbox"/> 19 Clinical Research Coordinator | <input type="checkbox"/> 36 Immunology | <input type="checkbox"/> 53 Pharmacology | <input type="checkbox"/> 70 Research (Basic Science) |
| <input type="checkbox"/> 02 Advocacy | <input type="checkbox"/> 20 Critical Care (Adult) | <input type="checkbox"/> 37 Infectious Disease | <input type="checkbox"/> 54 Pharmacy | <input type="checkbox"/> 71 Research (Clinical) |
| <input type="checkbox"/> 03 Allergy/Immunology | <input type="checkbox"/> 21 Critical Care (Other) | <input type="checkbox"/> 38 Informatics/Information Systems | <input type="checkbox"/> 55 Physical Therapy | <input type="checkbox"/> 72 Research (Epidemiology) |
| <input type="checkbox"/> 04 Anesthesiology | <input type="checkbox"/> 22 Critical Care (Pediatric) | <input type="checkbox"/> 39 Internal Medicine | <input type="checkbox"/> 56 Physician Assistant | <input type="checkbox"/> 73 Resident |
| <input type="checkbox"/> 05 Assistant Professor | <input type="checkbox"/> 23 Dentistry | <input type="checkbox"/> 40 Interventional Pulmonology | <input type="checkbox"/> 57 Physiology, Cellular | <input type="checkbox"/> 74 Respiratory Therapy |
| <input type="checkbox"/> 06 Associate Professor | <input type="checkbox"/> 24 Education/Teaching | <input type="checkbox"/> 41 Journalism | <input type="checkbox"/> 58 Physiology, Integrative/Organ System | <input type="checkbox"/> 75 Retired |
| <input type="checkbox"/> 07 Basic Microbiology | <input type="checkbox"/> 25 Emergency Medicine | <input type="checkbox"/> 42 Law | <input type="checkbox"/> 59 Post-Doctoral | <input type="checkbox"/> 76 Sleep Medicine |
| <input type="checkbox"/> 08 Behavioral Science | <input type="checkbox"/> 26 Environmental Medicine | <input type="checkbox"/> 43 Marketing or Commercial | <input type="checkbox"/> 60 Preventive Medicine | <input type="checkbox"/> 77 Social Sciences |
| <input type="checkbox"/> 09 Biochemistry | <input type="checkbox"/> 27 Epidemiology | <input type="checkbox"/> 44 Medical or Scientific Affairs | <input type="checkbox"/> 61 Psychiatry | <input type="checkbox"/> 78 Student (Non-Physician) |
| <input type="checkbox"/> 10 Biomedical Engineering | <input type="checkbox"/> 28 Family Medicine | <input type="checkbox"/> 45 Neonatology | <input type="checkbox"/> 62 Psychology | <input type="checkbox"/> 79 Student (Physician) |
| <input type="checkbox"/> 11 Biophysics | <input type="checkbox"/> 29 Fellow | <input type="checkbox"/> 46 Neuroscience | <input type="checkbox"/> 63 Public Health | <input type="checkbox"/> 80 Surgery, Other |
| <input type="checkbox"/> 12 Biostatistics | <input type="checkbox"/> 30 Full Professor | <input type="checkbox"/> 47 Nursing | <input type="checkbox"/> 64 Pulmonary (Adult) | <input type="checkbox"/> 81 Surgery, Thoracic |
| <input type="checkbox"/> 13 Cardiology (Adult) | <input type="checkbox"/> 31 Genetics | <input type="checkbox"/> 48 Occupational Medicine | <input type="checkbox"/> 65 Pulmonary (Pediatric) | <input type="checkbox"/> 82 Technician/Technical Support |
| <input type="checkbox"/> 14 Cardiology (Other) | <input type="checkbox"/> 32 Geriatrics | <input type="checkbox"/> 49 Oncology | <input type="checkbox"/> 66 Quality Improvement | <input type="checkbox"/> 83 Veterinary Medicine |
| <input type="checkbox"/> 15 Cardiology (Pediatric) | <input type="checkbox"/> 33 Health Policy | <input type="checkbox"/> 50 Palliative Care | <input type="checkbox"/> 67 Radiology | <input type="checkbox"/> 84 Other: _____ |
| <input type="checkbox"/> 16 Cell & Molecular Biology | <input type="checkbox"/> 34 Health Regulation | <input type="checkbox"/> 51 Pathology | <input type="checkbox"/> 68 Regulatory | |
| <input type="checkbox"/> 17 Clinical Microbiology | <input type="checkbox"/> 35 Hospitalist Practice | <input type="checkbox"/> 52 Pediatrics | <input type="checkbox"/> 69 Rehabilitation | |
| <input type="checkbox"/> 18 Clinical Practice | | | | |

D. Indicate how much of your time is spent:

- | | | | | | |
|-----------------------------------|-----------------------------|--------------------------------|---------------------------------|---------------------------------|----------------------------------|
| Administrative (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% |
| 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 of the following disease or procedure areas are of interest to you (check all that apply)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 01 Air Movement and Airways Diseases, Other | <input type="checkbox"/> 15 EGPA | <input type="checkbox"/> 31 Non-Invasive Ventilation | <input type="checkbox"/> 45 Pulmonary Vascular Diseases, Other |
| <input type="checkbox"/> 02 Alpha-1 Antitrypsin | <input type="checkbox"/> 16 Environmental, Exposure-Related and Occupational Lung Diseases | <input type="checkbox"/> 32 Non-specific Interstitial Pneumonitis | <input type="checkbox"/> 46 Rare Lung Diseases |
| <input type="checkbox"/> 03 ARDS | <input type="checkbox"/> 17 Fungal Lung Diseases | <input type="checkbox"/> 33 Nontuberculous Mycobacteria Infection | <input type="checkbox"/> 47 Respiratory Failure/Injury, Other |
| <input type="checkbox"/> 04 Asthma | <input type="checkbox"/> 18 Global Health | <input type="checkbox"/> 34 Obstructive Sleep Apnea | <input type="checkbox"/> 48 Restless Leg Syndrome |
| <input type="checkbox"/> 05 Bronchiectasis | <input type="checkbox"/> 19 HAP/VAP | <input type="checkbox"/> 35 Parasomnias | <input type="checkbox"/> 49 Sarcoidosis |
| <input type="checkbox"/> 06 Bronchoscopy | <input type="checkbox"/> 20 HIV/AIDS | <input type="checkbox"/> 36 Pleura and Chest Wall Diseases, Other | <input type="checkbox"/> 50 Scleroderma |
| <input type="checkbox"/> 07 Burn out Syndrome | <input type="checkbox"/> 21 Idiopathic Pulmonary Fibrosis | <input type="checkbox"/> 37 Pleural Effusion | <input type="checkbox"/> 51 Sepsis |
| <input type="checkbox"/> 08 CAP | <input type="checkbox"/> 22 Infectious Lung Diseases, Other | <input type="checkbox"/> 38 Pleural Infections | <input type="checkbox"/> 52 Shock |
| <input type="checkbox"/> 09 Chronic Thromboembolic Pulmonary Hypertension | <input type="checkbox"/> 23 Interstitial Lung Diseases, Other | <input type="checkbox"/> 39 Pneumonia | <input type="checkbox"/> 53 Sickle Cell Disease |
| <input type="checkbox"/> 10 Congenital, Genetic and Developmental Lung Diseases, Other | <input type="checkbox"/> 24 Interventional Pulmonology | <input type="checkbox"/> 40 Pneumothorax | <input type="checkbox"/> 54 Sleep-Related and Neuromuscular Breathing Disorders, Other |
| <input type="checkbox"/> 11 COPD | <input type="checkbox"/> 25 Lung Cancers | <input type="checkbox"/> 41 Primary Ciliary Dyskinesia | <input type="checkbox"/> 55 Systemic Diseases Affecting the Respiratory System, Other |
| <input type="checkbox"/> 12 Cough | <input type="checkbox"/> 26 Lymphangioleiomyomatosis | <input type="checkbox"/> 42 Pulmonary Embolism/Deep Vein Thrombosis | |
| <input type="checkbox"/> 13 Cystic Fibrosis | <input type="checkbox"/> 27 Mechanical Ventilation | <input type="checkbox"/> 43 Pulmonary Hypertension | |
| <input type="checkbox"/> 14 Duchenne Muscular Dystrophy | <input type="checkbox"/> 28 Mesothelioma | <input type="checkbox"/> 44 Pulmonary Rehabilitation | |
| | <input type="checkbox"/> 29 Myasthenia Gravis | | |
| | <input type="checkbox"/> 30 Narcolepsy | | |

▲ 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 AAAAI 02 AAP 03 AARC 04 AASM 05 ACCP 06 ACP 07 ALAT 08 APSR 09 CTS 10 EB
 11 ERS 12 FASEB 13 JRS 14 PATS 15 SCCM

G. Diversity and Inclusion

The ATS is committed to fostering diversity and inclusion across all ATS activities and events. This information helps ATS evaluate current practice and determine areas for improvement. 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 Native Hawaiian or Other Pacific Islander
 02 Respectfully decline to answer 04 Asian 07 Lesbian, Gay, Bisexual, Transgender, or Questioning 09 White
 05 Black or African-American 10 Other

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 21 are discounted. See below.

CHECK APPROPRIATE REGISTRATION CATEGORY*	EARLY BIRD (THROUGH MARCH 13)	LATE ADVANCE (MARCH 14-MAY 16)	ONSITE (MAY 17-22)
ATS MEMBERS			
<input type="checkbox"/> A Full Member	\$800	\$860	\$985
<input type="checkbox"/> B Affiliate Member	940	975	1,010
<input type="checkbox"/> C In-Training Member	300	335	405
<input type="checkbox"/> D Senior/Emeritus Member	300	335	405
<input type="checkbox"/> E One Day Only	255	305	355
<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed			
NON-MEMBERS			
<input type="checkbox"/> F Non-Member	\$1,205	\$1,255	\$1,375
<input type="checkbox"/> G In-Training Non-Member+	385	420	485
<input type="checkbox"/> H One Day Only	355	410	460
<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** \$155 \$155 \$155

** 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. Children under the age of 12 are not permitted in the Exhibit Hall.

- J Research Administrator/Association Executive# \$155 \$155 \$155

#May not register for seminars or workshops.

- K Clinical Research Coordinator° \$155 \$155 \$155

°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 ELEVENTH ANNUAL ATS FOUNDATION RESEARCH PROGRAM BENEFIT HONORING SHARON ROUNDS, MD

Saturday, May 18 at 7pm

Reserved Table Packages

- Visionary Package (access for 25) \$25,000
- Champion Package (access for 15) \$10,000
- Patron Package (access for 12) \$5,000

Unreserved Access

- Sustainer Package (access for 10) \$3,500
- Founder (access for 2) \$1,000
- 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.

Make a special Funds for the Future gift

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

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

TOTAL PART 4 FEES

\$

Experient - Official Housing Provider.

Only Experient, ATS' contracted Official Housing Company is authorized to use any likeness of the ATS Conference, claim partnership with and allowed to book within the ATS Official Hotel Block. Reservations made through any company other than Experient, are at your own risk. If you are contacted by anyone other than Experient, please notify ATS immediately! Do not provide any personal or financial information to another housing vendor claiming to have rooms for the Event.

Use this link: ATS_EXH@experient-inc.com or call 800-967-8852.