

BADGES ARE REQUIRED TO ATTEND ALL CONFERENCE SESSIONS AND EVENTS.

REGISTER

BY INTERNET:

www.thoracic.org/go/ats2020register

BY MAIL:

ATS 2020
c/o Convention Data Services
7 Technology Park Drive
Bourne, MA 02532

BY TELEPHONE:

Credit Cards Only
508-743-8518 (Hours 9am-5pm ET)
508-743-8519 (International groups of 10 or more)

BY FAX:

24-Hours, Credit Cards Only
508-743-9673

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:

- MC AmEx VISA Discover JCB Diner's Club

CONTACT IN CASE OF EMERGENCY:

NAME: _____

TELEPHONE #: _____

▲ **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 REDUCING CARBON FOOTPRINT (FROM PART 4) \$ _____
TOTAL BENEFIT SUPPORT (FROM PART 5) \$ _____
TOTAL TICKETED SESSIONS AND EVENTS (FROM PART 6) \$ _____
SERVICE CHARGE (required) \$ **\$10.00**
TOTAL PAYMENT \$ _____

FOR OFFICE USE ONLY

#	Amount	Date	Check#
---	--------	------	--------

1

NAME/BADGE AND ADDRESS INFORMATION * Required information

mm / dd / yyyy M F Other Gender Identity
 Prefer not to answer

▲ FIRST/GIVEN NAME* ▲ MI* ▲ LAST/FAMILY NAME* ▲ DATE OF BIRTH* ▲ GENDER*

▲ INSTITUTION, AGENCY* ▲ MAILING ADDRESS* THIS IS: HOME 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.

- Codes of Conduct:** I have read and will adhere to the ATS International Conference Code of Conduct, including those for sexual harassment, discrimination, and professional ethics. ATS Policies: <https://www.thoracic.org/about/governance/ats-governance-policies.php>
 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. For the ATS Cancellation policy, go to: <https://conference.thoracic.org/attendees/registration/register.php>

NPI Number Yes No

▲ (If yes, please provide NPI Number)*

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. Board Certification (please list any Board certifications)*



C. Work Setting (check all that apply)*

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

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

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> 01 Administration/Management | <input type="checkbox"/> 19 Clinical Practice | <input type="checkbox"/> 37 Hospitalist Practice | <input type="checkbox"/> 54 Pathology | <input type="checkbox"/> 71 Regulatory |
| <input type="checkbox"/> 02 Advocacy | <input type="checkbox"/> 20 Clinical Research Coordinator | <input type="checkbox"/> 38 Immunology | <input type="checkbox"/> 55 Pediatrics | <input type="checkbox"/> 72 Rehabilitation |
| <input type="checkbox"/> 03 Allergy/Immunology | <input type="checkbox"/> 21 Critical Care - Adult | <input type="checkbox"/> 39 Infectious Disease | <input type="checkbox"/> 56 Pharmacology | <input type="checkbox"/> 73 Research - Basic Science |
| <input type="checkbox"/> 04 Anesthesiology | <input type="checkbox"/> 22 Critical Care - Other | <input type="checkbox"/> 40 Informatics/Information Systems | <input type="checkbox"/> 57 Pharmacy | <input type="checkbox"/> 74 Research - Clinical |
| <input type="checkbox"/> 05 Assistant Professor | <input type="checkbox"/> 23 Critical Care - Pediatric | <input type="checkbox"/> 41 Internal Medicine | <input type="checkbox"/> 58 Physical Therapy | <input type="checkbox"/> 75 Research - Epidemiology |
| <input type="checkbox"/> 06 Behavioral Science | <input type="checkbox"/> 24 Dentistry | <input type="checkbox"/> 42 Interventional Pulmonology | <input type="checkbox"/> 59 Physician Assistant | <input type="checkbox"/> 76 Resident |
| <input type="checkbox"/> 07 Association Professor | <input type="checkbox"/> 25 Education/Teaching | <input type="checkbox"/> 43 Journalism | <input type="checkbox"/> 60 Physiology - Cellular | <input type="checkbox"/> 77 Respiratory Therapy |
| <input type="checkbox"/> 08 Basic Microbiology | <input type="checkbox"/> 26 Emergency Medicine | <input type="checkbox"/> 44 Law | <input type="checkbox"/> 61 Physiology - Integrative/ Organ System | <input type="checkbox"/> 78 Retired |
| <input type="checkbox"/> 09 Biochemistry | <input type="checkbox"/> 27 Environmental Medicine | <input type="checkbox"/> 45 Marketing or Commercial | <input type="checkbox"/> 62 Post Doctoral | <input type="checkbox"/> 79 Sleep Medicine |
| <input type="checkbox"/> 10 Biomedical Engineering | <input type="checkbox"/> 28 Epidemiology | <input type="checkbox"/> 46 Medical or Scientific Affairs | <input type="checkbox"/> 63 Preventive Medicine | <input type="checkbox"/> 80 Social Sciences |
| <input type="checkbox"/> 11 Biophysics | <input type="checkbox"/> 29 Family Medicine | <input type="checkbox"/> 47 Neonatology | <input type="checkbox"/> 64 Psychiatry | <input type="checkbox"/> 81 Student (Physician) |
| <input type="checkbox"/> 12 Biostatistics | <input type="checkbox"/> 30 Fellow | <input type="checkbox"/> 48 Neuroscience | <input type="checkbox"/> 65 Psychology | <input type="checkbox"/> 82 Student, Non-physician |
| <input type="checkbox"/> 13 Business/Management | <input type="checkbox"/> 31 Full Professor | <input type="checkbox"/> 49 Not Applicable | <input type="checkbox"/> 66 Public Health | <input type="checkbox"/> 83 Surgery |
| <input type="checkbox"/> 14 Cardiology - Adult | <input type="checkbox"/> 32 Genetics | <input type="checkbox"/> 50 Nursing | <input type="checkbox"/> 67 Pulmonary - Adult | <input type="checkbox"/> 84 Surgery, Other |
| <input type="checkbox"/> 15 Cardiology - Other | <input type="checkbox"/> 33 Geriatrics | <input type="checkbox"/> 51 Occupational Medicine | <input type="checkbox"/> 68 Pulmonary - Pediatric | <input type="checkbox"/> 85 Surgery, Thoracic |
| <input type="checkbox"/> 16 Cardiology - Pediatric | <input type="checkbox"/> 34 Global Health | <input type="checkbox"/> 52 Oncology | <input type="checkbox"/> 69 Quality Improvement | <input type="checkbox"/> 86 Technician/Technical Support |
| <input type="checkbox"/> 17 Cell and Molecular Biology | <input type="checkbox"/> 35 Health policy | <input type="checkbox"/> 53 Palliative Care | <input type="checkbox"/> 70 Radiology | <input type="checkbox"/> 87 Veterinary Medicine |
| <input type="checkbox"/> 18 Clinical Microbiology | <input type="checkbox"/> 36 Health regulation | | | |

E. Indicate how much of your time is spent (total time should equal 100%):

- | | |
|---|---|
| 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% | 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% |
| 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% | 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% |

F. Indicate your disease or practice areas (check all that apply)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 01 Air Movement and Airways Diseases, Other | <input type="checkbox"/> 16 Environmental, Exposure-Related and Occupational Lung Diseases | <input type="checkbox"/> 32 Non-specific Interstitial Pneumonitis | <input type="checkbox"/> 47 Pulmonary Vascular Diseases, Other |
| <input type="checkbox"/> 02 Alpha-1 Antitrypsin | <input type="checkbox"/> 17 Fungal Lung Diseases | <input type="checkbox"/> 33 Nontuberculous Mycobacteria Infection | <input type="checkbox"/> 48 Rare Lung Diseases |
| <input type="checkbox"/> 03 ARDS | <input type="checkbox"/> 18 Global Health | <input type="checkbox"/> 34 Not Applicable | <input type="checkbox"/> 49 Respiratory Failure/Injury, Other |
| <input type="checkbox"/> 04 Asthma | <input type="checkbox"/> 19 HAP/VAP | <input type="checkbox"/> 35 Obstructive Sleep Apnea | <input type="checkbox"/> 50 Restless Leg Syndrome |
| <input type="checkbox"/> 05 Bronchiectasis | <input type="checkbox"/> 20 HIV/AIDS | <input type="checkbox"/> 36 Other Non-specific Interstitial Pneumonitis | <input type="checkbox"/> 51 Sarcoidosis |
| <input type="checkbox"/> 06 Bronchoscopy | <input type="checkbox"/> 21 Idiopathic Pulmonary Fibrosis | <input type="checkbox"/> 37 Parasomnias | <input type="checkbox"/> 52 Scleroderma |
| <input type="checkbox"/> 07 Burnout Syndrome | <input type="checkbox"/> 22 Infectious Lung Diseases, Other | <input type="checkbox"/> 38 Pleura and Chest Wall Diseases, Other | <input type="checkbox"/> 53 Sepsis |
| <input type="checkbox"/> 08 CAP | <input type="checkbox"/> 23 Interstitial Lung Diseases, Other | <input type="checkbox"/> 39 Pleural Effusion | <input type="checkbox"/> 54 Shock |
| <input type="checkbox"/> 09 Chronic Thromboembolic Pulmonary Hypertension | <input type="checkbox"/> 24 Interventional Pulmonology | <input type="checkbox"/> 40 Pleural Infections | <input type="checkbox"/> 55 Sickle Cell Disease |
| <input type="checkbox"/> 10 Congenital, Genetic and Developmental Lung Diseases, Other | <input type="checkbox"/> 25 Lung Cancers | <input type="checkbox"/> 41 Pneumonia | <input type="checkbox"/> 56 Sleep-Related and Neuromuscular Breathing Disorders, Other |
| <input type="checkbox"/> 11 COPD | <input type="checkbox"/> 26 Lymphangioleiomyomatosis | <input type="checkbox"/> 42 Pneumothorax | <input type="checkbox"/> 57 Systemic Diseases Affecting the Respiratory System, Other |
| <input type="checkbox"/> 12 Cough | <input type="checkbox"/> 27 Mechanical Ventilation | <input type="checkbox"/> 43 Primary Ciliary Dyskinesia | <input type="checkbox"/> 58 Transplantation |
| <input type="checkbox"/> 13 Cystic Fibrosis | <input type="checkbox"/> 28 Mesothelioma | <input type="checkbox"/> 44 Pulmonary Embolism/Deep Vein Thrombosis | <input type="checkbox"/> 59 Tuberculosis |
| <input type="checkbox"/> 14 Duchenne Muscular Dystrophy | <input type="checkbox"/> 29 Myasthenia Gravis | <input type="checkbox"/> 45 Pulmonary Hypertension | |
| <input type="checkbox"/> 15 EGPA | <input type="checkbox"/> 30 Narcolepsy | <input type="checkbox"/> 46 Pulmonary Rehabilitation | |
| | <input type="checkbox"/> 31 Non-Invasive Ventilation | | |

2 REGISTRANT PROFILE *continued*

G. 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

H. 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 American Indian or Alaska Native 04 Black or African-American 07 White
 02 Asian 05 Hispanic, Latino, or of Spanish Origin 08 Other
 03 Biracial or Multiracial 06 Native Hawaiian or Other Pacific Islander 09 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 12 are discounted. See below.

CHECK APPROPRIATE REGISTRATION CATEGORY*	EARLY BIRD (THROUGH MARCH 12)	LATE ADVANCE (MARCH 13-MAY 14)	ONSITE (MAY 15-20)
ATS MEMBERS			
<input type="checkbox"/> A Full Member	\$835	\$895	\$1,025
<input type="checkbox"/> B Affiliate Member	\$980	\$1,015	\$1,050
<input type="checkbox"/> C In-Training Member	\$330	\$365	\$435
<input type="checkbox"/> D Senior/Emeritus Member	\$330	\$365	\$435
<input type="checkbox"/> E One Day Only <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	\$285	\$335	\$385
NON-MEMBERS			
<input type="checkbox"/> F Non-Member	\$1,255	\$1,305	\$1,430
<input type="checkbox"/> G In-Training Non-Member+	\$415	\$450	\$515
<input type="checkbox"/> H One Day Only <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	\$385	\$440	\$490

+Those registering in this category must supply the following:
 Training Type: Graduate Intern/Resident Fellow Medical Student

Trainee Name of Institution _____ Trainee Program End Year _____

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** \$185 \$185 \$185
 ** 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# \$185 \$185 \$185
 #May not register for seminars or workshops.
- K Clinical Research Coordinator

L Postgraduate Course Only (Fri/Sat)*
 *Individual course fees vary. An additional \$50 fee will be added to respective course fees for Postgraduate Course Only registrants.
<https://conference.thoracic.org/program/session-information/>

TOTAL PART 3 FEES \$

4 REDUCING OUR CARBON FOOTPRINT

The ATS is deeply concerned about the health consequences of climate change, and we are taking steps to reduce the carbon footprint of our business practices. We invite you to join our efforts by contributing \$20 to offset the carbon emissions of your travel to Philadelphia to attend the ATS International Conference. Your contribution will purchase offsets from CoolEffect, a verified provider of carbon offsets that invests in greenhouse gas reduction and sequestration projects across the globe.

Yes, I agree to offset the carbon emissions of my ATS travel. This will add a \$20 contribution to my conference registration, which will be acknowledged on my conference badge.

TOTAL PART 4 FEES \$

5 TWELFTH ANNUAL ATS RESEARCH PROGRAM BENEFIT HONORING HOMER A. BOUSHEY JR., MD

Saturday, May 16 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 Funds for the Future Campaign \$ _____

TOTAL PART 5 FEES \$

6 TICKETED SESSIONS AND EVENTS

• Registration required • Additional fees may apply

6A POSTGRADUATE COURSES

Go to <http://conference.thoracic.org/attendees/registration/fees-categories.php> for course fees. If you are only attending a Postgraduate Course and do not plan to attend the Conference, please also check "Postgraduate Course Only" under Part 3 General Registration Fee. An additional fee of \$50.00 will be charged.

Registrants for all courses must bring a laptop to the session to view the material.

Please indicate course(s) you wish to register for below:

Friday, May 15

- PG1A/PG1B* PG2 PG3 PG4 PG5 PG6 PG7 PG8 PG9 PG10 PG11 PG12 PG13 PG14

Saturday, May 16

- PG15 PG16 PG17 PG18 PG19 PG20 PG21 PG22 PG23 PG24 PG25 PG26 PG27 PG28

**PG1A/PG1B is a 2-day course. Part 1 is on Friday, May 15 and Part 2 is on Saturday, May 16. Those registering for this course will be registered for both days.*

SUB TOTAL: Postgraduate Courses \$

6B SUNRISE SEMINARS * FEE: \$50 EACH. INDICATE CHOICES BY SUNRISE SEMINAR NUMBER.

Go to <http://conference.thoracic.org/program/session-information> for the seminar titles.

Mon, May 18, 6:45-7:45 a.m. 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____
 Tue, May 19, 6:45-7:45 a.m. 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____
 Wed, May 20, 7:15-8:15 a.m. 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____

SUB TOTAL: Sunrise Seminars \$

6C MEET THE PROFESSOR SEMINARS * FEE: \$70 EACH. 12:15-1:15 P.M. INDICATE CHOICES BY MEET THE PROFESSOR SEMINAR NUMBER.

Go to <http://conference.thoracic.org/program/session-information> for the seminar titles.

Sun, May 17 1st Choice MP _____ 2nd Choice MP _____ 3rd Choice MP _____
 Mon, May 18 1st Choice MP _____ 2nd Choice MP _____ 3rd Choice MP _____
 Tue, May 19 1st Choice MP _____ 2nd Choice MP _____ 3rd Choice MP _____

SUB TOTAL: Meet the Professor Seminars \$

6D WORKSHOPS * FEE: \$75 EACH.

Go to <http://conference.thoracic.org/program/session-information> for the seminar titles.

Sun, May 17, 11:45 a.m.-1:15 p.m. WS1 WS2
 Mon, May 18, 11:45 a.m.-1:15 p.m. WS3 WS4
 Tue, May 19, 11:45 a.m.-1:15 p.m. WS5 WS6
 Wed, May 20, 11:15 a.m.-12:45 p.m. WS7 WS8

SUB TOTAL: Workshops \$

6E MEDICAL EDUCATION SEMINARS * FEE: \$70 EACH. 12:15-1:15 P.M.

Go to <http://conference.thoracic.org/program/session-information> for the seminar titles.

Sun, May 17 ME1 Mon, May 18 ME2 Tue, May 19 ME3

SUB TOTAL: Medical Education Seminars \$

6F ASSEMBLY DINNER/RECEPTIONS

Go to <http://conference.thoracic.org/program/events/assembly-events.php> for information about these events.

- Assembly on Pediatrics Founders Dinner, Sun, May 17, 7:30-10:30 p.m.
 Member \$115 Fellow \$95 Non-Member \$125 Fellow Non-Member \$95
- Assembly on Pulmonary Rehabilitation Reception, Mon, May 18, 7-10 p.m.
 Member \$64 Fellow \$44 Non-Member \$74 Fellow Non-Member \$44
- Assembly on Sleep and Respiratory Neurobiology Reception, Mon, May 18, 7-10 p.m.
 Member \$70 Fellow \$50 Non-Member \$80 Fellow Non-Member \$50

SUB TOTAL: Assembly Dinner/Receptions \$

6G SPECIAL INTEREST PROGRAMS * FEE: \$20 EACH. INCLUDES LUNCH.

- Diversity Forum, Sun, May 17, 11:45 a.m. - 1:15 p.m. <http://conference.thoracic.org/program/events/diversity-forum.php>
- Women's Forum, Mon, May 18, 11:45 a.m. - 1:15 p.m. <http://conference.thoracic.org/program/events/womens-forum.php>

SUB TOTAL: Special Interest Programs \$

TOTAL PART 6 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.