BADGES ARE REQUIRED TO ATTEND ALL CONFERENCE SESSIONS AND EVENTS

1

** Required information*

▲ FIRST/GIVEN NAME* ▲ MI* ▲ LAST/FAMILY NAME* ▲ DATE OF BIRTH mm / dd / yyyy ☐ M ☐ F ▲ GENDER

▲ PROFESSIONAL TITLE

▲ MAILING ADDRESS* THIS IS: ☐ HOME ☐ OFFICE

▲ CITY* ▲ STATE/COUNTRY* ▲ ZIP/POSTAL CODE*

▲ INSTITUTION, AGENCY

▲ 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 if attending the International Conference for the first time.

☐ I have received a Research Program Award from the American Thoracic Society.

SPECIAL SERVICES

☐ **SPECIAL NEEDS** under the Americans with Disabilities Act.

☐ **DIETARY NEEDS**: For Postgraduate Courses, Meet the Professor Seminars, and Workshops only.

☐ KOSHER ☐ VEGETARIAN

☐ **PROGRAM AND ABSTRACTS ON DISK**: Check here to receive a CD-ROM (Win / Mac) of the program & abstracts itinerary. This offer is only available to those who register by March 24.

2 PROFESSIONAL ACTIVITIES

** 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.)*

__ 01 Associate Degree
__ 02 Bachelor of Arts
__ 03 Bachelor of Nursing
__ 04 Bachelor of Pharmacy
__ 05 Bachelor of Science
__ 06 DO
__ 07 DVM
__ 08 JD
__ 09 Masters Degree
__ 10 Master of Public Health
__ 11 Master of Science, Nursing
__ 12 MBA
__ 13 MD (or equivalent)
__ 14 MD (or equivalent)/MPH
__ 15 MD (or equivalent)/PhD
__ 16 PharmD
__ 17 PhD (or equivalent)
__ 18 RN
__ 19 RRT
__ 20 Student
__ 21 Other: _____

B. Primary Affiliation*

☐01 Academic Institution, Private
☐02 Academic Institution, Public
☐03 Government
☐04 Health Maintenance Organization
☐05 Industry
☐06 Institution/Hospital
☐07 Military
☐08 Non-Government Organization
☐09 Private/Independent Practice
☐10 Professional Society (employee)
☐11 Veteran Affairs
☐12 Other: _____

C. Specialties (check your top 3)*

☐01 Allergy/Immunology
☐02 Anesthesiology
☐03 Attorney
☐04 Basic Microbiology
☐05 Biochemistry
☐06 Biomedical Engineering
☐07 Biophysics
☐08 Biostatistics
☐09 Cardiology (Adult)
☐10 Cardiology (Pediatrics)
☐11 Cell & Molecular Biology
☐12 Clinical Microbiology
☐13 Critical Care (Adult)
☐14 Critical Care (Other)
☐15 Critical Care (Pediatrics)
☐16 Disease Management
☐17 Educator
☐18 Environmental Medicine
☐19 Epidemiologist
☐20 Family Medicine
☐21 Genetics
☐22 Geriatrics
☐23 Hospitalist
☐24 Immunology
☐25 Infectious Disease
☐26 Informatics/Info. Systems
☐27 Internal Medicine
☐28 Journalism
☐29 Neonatology
☐30 Neuroscience
☐31 Nursing
☐32 Occupational Medicine
☐33 Oncology
☐34 Pathology
☐35 Pediatrics
☐36 Pharmacology/Pharmacist
☐37 Physiology, Cellular
☐38 Physiology, Integrative/Organ System
☐39 Preventive Medicine
☐40 Psychiatry
☐41 Psychology
☐42 Public Health
☐43 Pulmonary (Adult)
☐44 Pulmonary (Pediatrics)
☐45 Radiology
☐46 Rehabilitation
☐47 Respiratory Therapy
☐48 Sleep
☐49 Surgery
☐50 Veterinary Medicine
☐51 Other: _____

D. Activities - Primary (check one)*

☐01 Administration, Clinic
☐02 Administration, Clinical Laboratory
☐03 Administration, Hospital
☐04 Administration, Industry
☐05 Administration, Research
☐06 Administration, Scientific Laboratory
☐07 Clinical Practice, Hospital
☐08 Clinical Practice, Out Patient
☐09 Data Management
☐10 Education, Basic Science
☐11 Education, Clinical
☐12 Education, Patient
☐13 Fellow, Post Doctoral
☐14 Health Care Policy
☐15 Industry
☐16 Medical Communication
☐17 Press
☐18 Research, Basic Science
☐19 Research, Clinical/Translational
☐20 Research, Epidemiology
☐21 Resident
☐22 Salesperson/Marketing
☐23 Student
☐24 Study Coordinator
☐25 Technical/Technician
☐26 Other: _____

E. Activities - Secondary (check all that apply)*

☐01 Administration, Clinic
☐02 Administration, Clinical Laboratory
☐03 Administration, Hospital
☐04 Administration, Industry
☐05 Administration, Research
☐06 Administration, Scientific Laboratory
☐07 Clinical Practice, Hospital
☐08 Clinical Practice, Out Patient
☐09 Data Management
☐10 Education, Basic Science
☐11 Education, Clinical
☐12 Education, Patient
☐13 Fellow, Post Doctoral
☐14 Health Care Policy
☐15 Industry
☐16 Medical Communication
☐17 Press
☐18 Research, Basic Science
☐19 Research, Clinical/Translational
☐20 Research, Epidemiology
☐21 Resident
☐22 Salesperson/Marketing
☐23 Student
☐24 Study Coordinator
☐25 Technical/Technician
☐26 Other: _____

REGISTER & RESERVE HOTEL

BY INTERNET:
http://www.thoracic.org/go/international-conference

BY MAIL:
International Conference–San Diego•2009
c/o Convention Data Services
107 Waterhouse Road, Bourne, MA 02532

BY TELEPHONE:
Credit Cards Only
866-635-3582 (9:00 am – 5:00 pm Eastern Time)
508-743-8518 (outside the U.S. & Canada)

BY FAX:
24-Hours, Credit Cards Only
508-759-4552

METHODS OF PAYMENT

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

☐ **CREDIT CARD:***
Please complete information below.

☐ MC ☐ AmEx
☐ VISA ☐ Discover
☐ JCB ☐ Diner's Club

▲ CREDIT CARD NUMBER ▲ EXP. DATE (mm/yyyy)

▲ SIGNATURE

▲ PRINT NAME AS IT APPEARS ON CARD

PAYMENT
All fees must be paid in U.S. Dollars

TOTAL REGISTRATION FEES (FROM PART 3)	$
TOTAL SESSION FEES (FROM PART 5)	$
TOTAL SPECIAL EVENTS FEES (FROM PART 7)	$
TOTAL GIFT (FROM PART 8)	$
TOTAL PAYMENT	$

FOR OFFICE USE ONLY

#	Amount
Date	Check#

▲ REGISTRANT FIRST/GIVEN NAME ▲ MI ▲ LAST/FAMILY NAME

3 GENERAL REGISTRATION FEE

** Required information*

A **Member Registration Fees.** If you are a member of the American Thoracic Society, check one category in the Members section.

B **Non-Member Registration Fees.** If you are not a member of the ATS, or are attending a Postgraduate course only, please check one category in the Non-members section.

Pre-registration fees received by March 24 are discounted. See Below.

CHECK APPROPRIATE REGISTRATION CATEGORY*	ON OR BEFORE MARCH 24	MARCH 25-APRIL 20	EFFECTIVE APRIL 21
ATS MEMBERS			
A ☐ Full Member—Doctoral Physician	575	625	675
B ☐ Full Member—Doctoral Non-Physician	470	520	570
C ☐ Full Member—Non-Doctoral	360	410	460
D ☐ In-Training Member	165	215	265
E ☐ Affiliate	175	225	275
F ☐ Senior Member	360	410	460
G ☐ One Day Only	285	335	385
☐ Sun ☐ Mon ☐ Tue ☐ Wed			
NON-MEMBERS			
H ☐ Doctoral—Physician	950	1000	1050
I ☐ Doctoral—Non-Physician	640	690	740
J ☐ Non-Doctoral: With Graduate Degree	535	585	635
K ☐ Non-Doctoral: Without Graduate Degree	535	585	635
L ☐ Post-Doctoral Trainee/Fellow+	220	270	320
M ☐ One Day Only	375	425	475
☐ Sun ☐ Mon ☐ Tue ☐ Wed			
N ☐ Student+	200	250	300

+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)

OTHER			
O ☐ ALA Staff/Volunteer (does not apply to anyone falling into the above registration categories)	60	60	110
P ☐ Spouse/Partner/Guest **	100	100	150
Q ☐ Postgraduate Course—Fri or Sat only	Fees—See Part 5		

** Spouse/Partner/Guest Fee includes admission to the Exhibit Hall, special lectures and open receptions only. If you do not want to attend these events and wish to attend tours only, you do not need to pay the spouse/guest fee. Those registering in the Spouse/Partner/Guest category are NOT eligible to receive continuing medical education credits.

TOTAL PART 3 FEES $

4 HOTEL RESERVATION

Check here only if housing is not required

☐ local resident ☐ staying with friends/relatives

☐ staying at: _____

See page 113 for more detailed information. Please indicate your hotel choices below.

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 any other hotel
☐ Assign me a room at a hotel with similar rate
☐ 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 May of 2009. A hotel reservation **will not** be made if a valid credit card is not supplied in Part 1.

▲ REGISTRANT FIRST/GIVEN NAME ▲ MI ▲ LAST/FAMILY NAME

5 TICKETED SESSIONS REGISTRATION/ADDITIONAL FEE REQUIRED

A **Postgraduate Courses.** Course fees vary; see pages 21-42. If you are only attending a Postgraduate Course and do not plan to attend the Conference, please also check "Postgraduate Course" under Part 3 General Registration Fee.

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

Fri, May 15 ☐ PG1 ☐ PG2 ☐ PG3 ☐ PG4
☐ PG5 ☐ PG6 ☐ PG7 ☐ PG8
☐ PG9 ☐ PG10 ☐ PG11 ☐ PG12
☐ PG13 ☐ PG14 ☐ OPG1

Sat, May 16 ☐ PG15 ☐ PG16 ☐ PG17 ☐ PG18
☐ PG19 ☐ PG20 ☐ PG21 ☐ PG22
☐ PG23 ☐ PG24 ☐ PG25 ☐ PG26
☐ PG27 ☐ PG28 ☐ PG29

SUB-TOTAL Postgraduate Courses $

B **Sunrise Seminars.** Fee: $65 each; 7:00 – 8:00 am. Indicate choices by SS number. See pages 60, 78 and 94.

Mon, May 18 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____
Tue, May 19 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____
Wed, May 20 1st Choice SS _____ 2nd Choice SS _____ 3rd Choice SS _____

SUB-TOTAL Sunrise Seminars $

C **Meet the Professor Seminars.** Fee: $70 each; 12:00–1:00 pm. Indicate choices by MP number. See pages 52, 70 and 86.

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 $

D **Workshops.** Fee: $75 each (Exception: WS1, see below); 12:00–1:30 pm. See pages 49, 67, 85 and 100.

Sun, May 17 ☐ WS1 ($95) ☐ WS2
Mon, May 18 ☐ WS3 ☐ WS4
Tue, May 19 ☐ WS5 ☐ WS6
Wed, May 20 ☐ WS7 ☐ WS8

SUB-TOTAL Workshops $

E **Thematic Seminar Series.** See below for fees. See page 60.

☐ TSS1 Mon, May 18, Tue, May 19, Wed, May 20; 7:00–8:00 am. Fee: $140
☐ TSS2 Mon, May 18, Tue, May 19; 7:00–8:00 am & 12:00–1:00 pm. Fee: $170

SUB-TOTAL Thematic Seminar Series $

TOTAL PART 5 FEES $

6 NON-TICKETED SESSIONS REGISTRATION REQUIRED/NO ADDITIONAL FEE

Space is Limited
Admittance is on a first-come, first-served basis

A ☐ **International Conference Welcome Reception**
Saturday, May 16, 4:30–6:30 pm. See page 9.

B **Special Interest Programs**

☐ S1 Diversity Forum Sun, May 17, 12:00–1:30 pm. See page 48.
☐ S2 Fellows/Trainees Exchange Sun, May 17, 7:00–8:00 pm. See page 58.
☐ S3 Women's Forum Mon, May 18, 12:00–1:30 pm. See page 67.

C **Evening Postgraduate Seminars.** 7:00–9:00 pm. See pages 58 and 92.

Sun, May 17 ☐ E1 ☐ E2 ☐ E3
Tue, May 19 ☐ E5 ☐ E6 ☐ E7 ☐ E8

D ☐ **ATS Membership Meeting/President's Lecture.**

Tuesday, May 19, 11:30 am–1:00 pm. See page 84.

▲ REGISTRANT FIRST/GIVEN NAME ▲ MI ▲ LAST/FAMILY NAME

7 SPECIAL EVENTS

A Reception and Inaugural Dinner
To benefit the ATS Research Program
Saturday, May 16

Reception only, 7:00 pm

☐ **Per Person:** $75
Please reserve ____ tickets at $75 each

☐ **Fellows:** $25*
Please reserve ____ tickets at $25 each

Reception and Dinner (Dinner: 7:45 pm):

☐ **Founder**: $1,000
2 tickets with Founder seating, access to Foundation Hospitality Suite at the International Conference, listing in the program

Please reserve _____ Founder tickets at $1,000

☐ **Benefactor**: $500
2 tickets with Benefactor seating, listing in the program

Please reserve _____ Benefactor tickets at $500

☐ **Sponsor**: $250
1 ticket with Sponsor seating, listing in the program

Please reserve _____ Sponsor tickets at $250

☐ **Supporter**: $150
1 ticket with Supporter seating, listing in the program

Please reserve _____Supporter tickets at $150

☐ **Fellows**: $25*

Please reserve_____ Fellows tickets at $25

**Fellow tickets are only available to students and physicians-in-training.*

Corporate table packages are available by calling Michelle Turenne at 212-315-6448. For further information on the event, please see the Foundation Website: http://foundation.thoracic.org; or the ATS Website: www.thoracic.org; or call 212-315-6464.

SUB-TOTAL Reception and Dinner $

B ☐ **5K Lung Run & Walk.** Sunday, May 17. Fee $30. See page 9.

T-shirt: ☐ Medium ☐ Large ☐ X-Large
For award categories: ☐ Male ☐ Female
☐ Runner ☐ Walker

SUB-TOTAL Lung Run & Walk $

TOTAL PART 7 FEES $

8 THE FOUNDATION OF THE AMERICAN THORACIC SOCIETY

2009 Funds for the Future
Help Us Help the World Breathe
RESEARCH • EDUCATION • TRAINING

The Funds for the Future is the annual campaign of the ATS. The campaign supports the ATS Research Program, Assembly projects, clinical training and education, and the international Methods in Epidemiologic, Clinical and Operations Research (MECOR) course. Together these programs represent ATS at its best—advancing research, education and training of the highest caliber.

You can make an investment in the future of a world without lung disease by making a gift to one of these programs.

Yes! I'd like to make a gift to the Funds for the Future of:

☐ $5,000 ☐ $2,500 ☐ $1,000 ☐ $750 ☐ $500 ☐ $250 ☐ $100

☐ Other: _____

☐ I'd like to donate my honorarium. I can be reached at _____

I would like to designate my gift to:

☐ ATS Research Program ☐ Assembly+ ☐ MECOR ☐ Training/Education

(If you have not checked a box above, your gift will support the ATS Research Program.)

+Assembly Choice: _____

This gift is in ☐ honor or ☐ memory of _____

Thank you for making a tax-deductible contribution to the Funds for the Future.

The Foundation adheres to the Donor Bill of Rights, posted on our Website: http://foundation.thoracic.org.
The Foundation's latest Financial Statement can be obtained from the New York State Attorney General, Charities Bureau, 120 West Broadway, New York, NY 10271.
For more information please call 212-315-6464.

TOTAL PART 8 GIFT $

REGISTRATION CHECK-OFF LIST

Have you done the following to complete your 2009 International Conference Registration?

- ☐ Completed Part 1 of the registration form providing your personal information
- ☐ Completed Part 2 of the registration form providing information about your professional activities
- ☐ Completed Part 3 of the registration form identifying your registration category
- ☐ Completed Part 4 of the registration form to make your hotel reservations
- ☐ Completed Parts 5, 6 and 7 of the registration form to register for sessions and events
- ☐ Tallied your Conference costs and provided that information on page A of the registration form
- ☐ Provided credit card information to secure your registration and hotel
- ☐ Determined if you need a visa and/or passport to travel to San Diego
- ☐ Made your travel arrangements to San Diego