

THORACIC SURGERY DIRECTORS ASSOCIATION

2010 In-Training Examination Registration Form
In-Training Examination Date: April 10, 2010

Return this original form and the original, signed Letter of Agreement to TSDA.

DEADLINE for registration is February 12, 2010. (Penalties may apply for late registration.)

Date: _____

Program Director: _____

Institution & Address: _____

Program Length: _____ 2 years _____ 3 years _____ 6 years _____ Other: _____

Contact: _____ Title/Role: _____

Phone: _____ Fax: _____

E-mail Address: _____

Please register the following thoracic surgery **RESIDENTS** for the 2010 In-Training Examination:

Full Name	E-mail Address	Graduation Year	Residency Year						Gender (Optional)	
			1	2	3	4	5	6	M	F

Please register the following **FELLOWS** or **NON-ACGME TRAINEES** for the 2010 In-Training Examination:

Full Name	E-mail Address	Graduation Year	Gender (Optional)	
			M	F

Fee and Payment

The examination fee is **\$250.00 (U.S.) per registrant**. Please forward your check payable to TSDA with this order. The TSDA **Tax ID# is: 56-1196918**. An invoice will be sent unless payment accompanies this form. TSDA cannot accept credit card payment or purchase orders. Programs not paid at the time of the exam may risk its residents' participation.

The 2010 In-Training Examination is provided online. All registrants must have a CTSNet ID and a personal password (as used for log access, available from CTSNet at www.ctsnet.org) to access the exam. Note that this is separate from your TSDA Education University login information.

Alternate Date

The In-Training Examination will also be offered online on April 17, 2010 for sites experiencing significant technical difficulties during the examination on April 10, 2010 or by pre-arrangement only.

Return completed form to:

TSDA
 633 N. Saint Clair St., Suite 2320
 Chicago, IL 60611
 Attn: ITE