

THORACIC SURGERY DIRECTORS ASSOCIATION

2012 In-Training Examination Registration Form In-Training Examination Date: April 14, 2012

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

DEADLINE for registration is February 17, 2012. (Penalties may apply for late registration.)

Program Director: _____ Program Director E-mail: _____

Hospital/Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Please register the following thoracic surgery **RESIDENTS** for the 2012 In-Training Examination:

First Name	Last Name	E-mail Address	Graduation Year	PGY Year								Gender (optional)			
				1	2	3	4	5	6	7	8	M	F		

Please register the following **FELLOWS** or **NON-ACGME TRAINEES** for the 2012 In-Training Examination:

First Name	Last Name	E-mail Address	Graduation Year	Gender (optional)	
				M	F

Fee and Payment

The examination fee is **\$350.00 (U.S.) per registrant**. Please forward your check payable to TSDA with this order. The TSDA Tax ID# is: **56-1196918**. TSDA cannot accept credit card payment or purchase orders. **Payment by check must be received prior to the exam date, or residents' access may be denied.** Invoices are available upon request.

Alternate Date

The In-Training Examination will also be offered online on April 21, 2012 for sites experiencing significant technical difficulties during the examination on April 14, 2012 or by pre-arrangement only.

Return completed form to:

TSDA
633 N. Saint Clair St., Suite 2320
Chicago, IL 60611
Attn: ITE
Fax: 312-202-5829
E-mail: tsda@tsda.org