



Registration Form

81st Annual Tristate Thoracic Society Conference

September 11-12, 2026 (arrival September 10)

Landmark Resort and Conference Center, Egg Harbor, WI

Registration Deadline August 15, 2026

EMAIL this form to: jwerndli@wisc.edu

FAX: 608-298-5003

Name: _____ Degree: _____

Specialty: _____ Phone: _____

Email Address: _____

1) Conference Registration Fee

- General Attendee @ \$300.00 each _____
 - Physician Assistant/Nurse Practitioner @ \$200.00 each _____
 - Retired Physician @ \$75.00 each _____
 - Attending Fellow @ \$150.00 each _____
 - Presenting Fellow _____
- (Registration and meal fee waived, Registration required)

2) Meal Package

(Quantity)

- _____ **Attendee Package(s) @ \$110.00** \$ _____
(Breakfast/lunch/dinner Friday, breakfast/lunch Saturday)
- _____ **Adult Guest Package(s) @ \$70** \$ _____
(Breakfast/dinner Friday, breakfast only Saturday)
- _____ **Children 12 and under Breakfast @ \$6.00/ea day** \$ _____
- _____ **Children 12 and under Dinner Meal @ \$9.00 (Friday)** \$ _____
(Please note only breakfast and dinner provided for children 12 and under)

Guest/Children Name(s): (attending meals): _____

3) Total Due for Registration and Meal Packages \$ _____

Paying by Credit Card: you will receive a secure link by email

Paying by Check mail to: Jae Werndli, 802 N Fairbrook Dr, Waunakee WI 53597

We share the name and home state of attendees with conference attendees and Exhibitors. No other contact information is shared. If you do not want your information included, please indicate so here: _____