

Deadline for advance registration is September 30, 2002.



All requested information must be provided to process registration.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Nickname \_\_\_\_\_

Professional degree(s) (please list one): \_\_\_\_\_

a. MD    b. PhD    c. MD, PhD    d. RN    e. Other

Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code + 4 \_\_\_\_\_

Country \_\_\_\_\_ If outside the U.S., country/city code: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Fax

E-mail address \_\_\_\_\_

1. I consider myself primarily (please list one): \_\_\_\_\_  
a. Clinician    b. Educator    c. Scientist    d. Other

2. My work is best described as (please list one): \_\_\_\_\_  
a. Adult endocrinology    c. Pediatric endocrinology    e. Other  
b. Basic science    d. Internal medicine

3. My place of work is (please list one): \_\_\_\_\_  
a. Academic    d. Hospital    g. Managed care  
b. Private practice    e. Government/military  
c. Administration    f. Corporate/industry

4. Registration fees (please circle applicable fees):

	Full Fee
(M) ATA member	\$425
(A) ATA Assoc./fellow/student	\$150
(N) Non-member	\$625
LA Area One-day fee	\$175
Indicate day: (T)Thursday (F)Friday (S)Saturday (SU)Sunday	
(W) LA Area Weekend fee (Sat. & Sun.)	\$250
(G) Spouse/guest	\$ 90

Spouse/guest name: \_\_\_\_\_  
(Guest registration includes entrance to the exposition and complimentary social events. Guests are not eligible to receive continuing medical education credit.)

5. Special needs. Please indicate special needs on a separate sheet and mail to: ATA Meetings, 6066 Leesburg Pike, Suite 650, Falls Church, VA 22041 or e-mail: rmckee@thyroid.org.

6. In case of emergency, please contact:

Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime phone Evening phone

7. Meet the Professor Luncheon Workshops  
(Complimentary for Fellows)

Thursday, October 10, Noon – 1:30 pm (please circle one):

1. Complications of Radioactive Therapy in Cancer: Focus on the Salivary Glands Susan J. Mandel and Louis Mandel.....\$27
2. Thyroid Hormone and Bone: Clinical and Basic Features Graham R. Williams.....\$27
3. Influence of Environmental Agents on Thyroid Function and Brain Development in Pregnancy R. Thomas Zoeller and Joanne Rovet.....\$27
4. Medical and Surgical Approaches to Unusual Types of Thyroid Cancer Fumio Matsuzuka and Shuji Fukata.....\$27
5. Successful Grant Preparation and Academic Career Development Syed Amir, Ronald Koenig and Richard Margolis.....\$27
6. Strategies to Develop Novel Treatment for Patients with Advanced Thyroid Cancer Sissy Jhiang and Richard Kloos.....\$27

Saturday, October 12, Noon – 1:30 pm (please circle one):

7. Changing Dietary Iodine Intake: Implications for Thyroid Function and Iodine Scanning Stephanie Lee.....\$27
8. Thyroid Disease in the Elderly Mary Samuels.....\$27
9. Multiple Endocrine Neoplasia I: Pathogenesis and Approach to Clinical Management Mark Sawicki.....\$27
10. Clinical Thyroidology: Practical Issues in Office-Based Practice Elliot Levy.....\$27
11. Application of Molecular Techniques to Understanding Tumor Development and Growth Bryan McIver and William M. Wood.....\$27
12. Thyroid Hormone and Hair Growth: Clinical and Basic Features Joshua Safer.....\$27

8. Special events (please circle events that you plan to attend):

- (REC) Welcome reception Wednesday, October 9 6–8 pm.....No charge  
(UST) Universal Studios Thursday, October 10 7–11 pm.....\$25  
(LUN) Poster lunch Friday, October 11 Noon–1:30 pm.....No charge  
(BAN) ATA annual reception & banquet Saturday, October 12 7:30–11 pm.....\$75  
(FEL) Fellow's Special rate for reception & banquet.....\$35

9. Total fees

- \_\_\_\_\_ Attendee registration fee  
\_\_\_\_\_ Spouse/guest fee  
\_\_\_\_\_ October 10, 2002 Meet the Professor Workshop  
\_\_\_\_\_ October 12, 2002 Meet the Professor Workshop  
\_\_\_\_\_ Special events for attendee and spouse/guests  
    \_\_\_\_\_ Number of tickets for Universal Studios  
    \_\_\_\_\_ Number of tickets for Banquet  
\_\_\_\_\_ Donation to Young Investigators' Travel Fund

10. Submission and payment

Make checks and money orders for registration payable to the American Thyroid Association in U.S. dollars drawn on a U.S. bank.

MasterCard    VISA

Card number \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_

Print cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

REGISTER ON-LINE at the secure ATA web site www.thyroid.org.

FAX your completed form with credit card payment (no checks or money orders) to 770 888-2895. To prevent duplicate charges (IF FAXING), DO NOT ALSO MAIL IN YOUR REGISTRATION.

MAIL your completed registration form with payment to: ATA Registration, c/o QMS, 6840 Meadowridge Court, Alpharetta, GA 30005. Phone 770 888-2883.

Please keep a photocopy of this form.

**Refund policy:** Refund requests must be submitted in writing. Requests postmarked before September 9, 2002 will receive a registration refund less a 25% processing fee. Requests postmarked between September 9, 2002 and September 30, 2002 will receive a registration refund less a 50% processing fee. No refunds will be made if postmarked after September 30, 2002. Refunds will be processed 30 days after the meeting ends.