

REGISTRATION FORM

Early-Bird Registration Deadline is July 15, 2009.



Annual 80th Meeting

PALM BEACH-FLORIDA

September 23-27, 2009

All requested information must be provided to process registration. All Fees are in US Dollars.

NAME: FIRST _____ MIDDLE _____ LAST _____ NICKNAME FOR BADGE _____

PROFESSIONAL TITLE _____ Professional degree(s) (please check one):
 a. MD b. PhD c. MD, PhD d. RN e. DO f. Other _____

ORGANIZATION _____

ADDRESS 1 _____ PLEASE SPECIFY: HOME OFFICE OTHER _____

ADDRESS 2 _____

CITY _____ STATE/PROVINCE _____ ZIP CODE + 4 _____ COUNTRY _____ IF OUTSIDE THE U.S., COUNTRY/CITY CODE _____

PHONE _____ FAX _____ E-MAIL ADDRESS _____

SPECIAL NEEDS/DIETARY RESTRICTIONS _____

EMERGENCY CONTACT (NAME): _____ DAYTIME PHONE: _____ EVENING PHONE: _____

REGISTRATION FEES (please check applicable fees):

	EARLY BIRD <i>(received by July 15)</i>	DISCOUNTED <i>(received between July 16 - Aug 31)</i>	FULL FEE <i>(received after Aug 31)</i>
(M) ATA MEMBER	<input type="checkbox"/> \$750	<input type="checkbox"/> \$795	<input type="checkbox"/> \$845
(N) NON-MEMBER	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1045	<input type="checkbox"/> \$1095
(A) ATA FELLOWS (ASSOCIATE MEMBERS) <i>Focus: <input type="checkbox"/> (AC)Clinical or <input type="checkbox"/> (AB)Basic</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
(AN) NON-MEMBER FELLOWS/STUDENTS/RA* <i>Focus: <input type="checkbox"/> (NC)Clinical or <input type="checkbox"/> (NB)Basic (*With Verification of status. Please fax a letter from your program director to 703-998-8893 or by e-mail to thyroid@thyroid.org)</i>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300
(P) PRESS (VERIFICATION REQUIRED)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
DAILY REGISTRATION RATE <i>Indicate day(s): <input type="checkbox"/> (T)(9/24) Thurs.; <input type="checkbox"/> (F)(9/25) Fri.; <input type="checkbox"/> (S)(9/26-9/27) Sat.-Sun.</i>	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400
(G) SPOUSE/GUEST <i>(Spouse/Guest registration admits attendee (with badge only) to the welcome reception, coffee breaks, exhibit hall and annual banquet at reduced rate) Spouse/Guest Name: _____</i>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

Are you are a confirmed, invited meeting faculty/speaker? YES NO

- I require a CME certificate for my attendance at this meeting.
- I consider myself primarily (please list one): _____
a. Clinician b. Educator c. Scientist d. Other: _____
- My work is best described as (please list one): _____
a. Endocrinologist b. Nuclear Medicine c. Surgery
d. Internal Medicine e. Family Medicine f. Oncology
g. Other: _____
- My place of work is (please list one): _____
a. Academic b. Private Practice c. Administration
d. Hospital e. Government/Military f. Corporate/Industry
g. Managed Care h. Other: _____
- What is your membership affiliation (other than ATA)?
a. ENDO b. AAES c. AHNS d. LWPES e. AACE
z. Other: _____
- How did you hear about the ATA Annual Meeting?
a. ATA Website b. ATA E-mail c. ATA Mailed Promotional Piece
d. ATA Publication z. Other: _____
- ATA Photo Release:** ATA uses photographs of conference participants in our promotional materials and journals. By virtue of your attendance at this meeting, ATA reserves the right to use your likeness in such materials.

MEET THE PROFESSOR WORKSHOPS

Meet the Professor (MTP) workshops will be open to attendees at no charge on a first-come, first served basis. There is open seating during each time slot. There will be four workshops in the morning and four workshops in the afternoon on Thursday through Saturday of the meeting. Please review the meeting agenda at www.thyroid.org for MTP speaker names and topics.

SPECIAL ACTIVITY REGISTRATION (check all that apply)

- (U1) **ADVANCED ULTRASOUND LECTURE AND PRACTICUM**
 \$250 **Discount Rate** (July 15-August 31) \$325 **Full Fee** (After August 31)
(Wed, 9/23, 1:00 PM - 5:15 PM; Pre-reg req'd. Limited seating, 1st-come-1st-served basis)
- \$0 (ACO) **ATA Committee Meetings**
(Wed, 9/23, 2:00 - 3:00 PM; For ATA committee members only)
- \$0 (WIT) **Women in Thyroidology** (Thurs, 9/24, 12:30 - 1:15 PM)
- \$0 (REC) **ATA Welcome Reception** (Wed, 9/23, 7:30 - 8:30 PM)
- \$45 (BAN) **Registered Attendee or Spouse/Guest-Annual Banquet Fee**
(Fri, 9/25, 7:30 - 11:00 PM)
- \$125 (BNQ) **Non-Registered Attendee, Spouse/Guest or Press-Annual Banquet Fee** (Fri, 9/25, 7:30 - 11:00 PM)

TOTAL FEES (please total each line item if more than one):

- \$ _____ Attendee Registration Fee (sum all appropriate fees here)
- \$ _____ Spouse/Guest Registration Fee (\$150 per guest)
- \$ _____ Advanced Ultrasound Lecture and Practicum (\$175) # _____
- \$ _____ ATA Meeting Registrant-Annual Banquet Fee (\$45) # _____
- \$ _____ Registered Spouse/Guest-Annual Banquet Fee (\$45) # _____
- \$ _____ Non-Registered Attendee/Guest/Press-Annual Banquet Fee (\$125) # _____
- \$ _____ Donation to Fellows' Travel Fund
- \$ _____ **TOTAL DUE** (provide a check or credit card for this amount)

SUBMISSION AND PAYMENT — Checks and money orders for registration payable to the American Thyroid Association in U.S. dollars drawn on a U.S. bank.

- MasterCard VISA American Express

CARD NUMBER _____

EXPIRATION DATE (MONTH/YEAR) _____ 3 OR 4 DIGIT SECURITY CODE _____

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 678-341-3081. If you FAX, DO NOT MAIL. **MAIL** your completed registration form with payment to: ATA Registration, c/o QMS, 6840 Meadowridge Court, Alpharetta, GA 30005. Phone: 678-341-3056.
ATA REFUND POLICY: Refund requests must be submitted in writing. Requests received by fax or e-mail before Aug. 31, 2009 will receive a registration refund less a 50% processing fee. No refunds will be made if submitted after Aug. 31, 2009. Refunds will be processed 30 days after the meeting.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.