



AMERICAN THYROID ASSOCIATION
ANNUAL MEETING  **September 19-23, 2012**
Québec City, PQ Canada



All requested information must be provided to process registration form. All fees are in U.S. dollars.

NAME: First _____ Middle _____ Last _____ NICKNAME FOR BADGE _____
 PROFESSIONAL TITLE: _____ Professional degrees(s) (please check one):
 1. MD 2. PhD 3. MD, PhD 4. RN/PA 5. DO 6. Other _____
 ORGANIZATION _____
 ADDRESS 1 (PLEASE SPECIFY: HOME OFFICE OTHER) _____
 ADDRESS 2 _____
 CITY _____ STATE/PROVINCE _____ ZIP CODE + 4 _____ COUNTRY - IF OUTSIDE US, INCLUDE COUNTRY/CITY CODE _____
 PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____
 SPECIAL NEEDS/DIETARY RESTRICTIONS: _____ GENDER: Male Female
 EMERGENCY CONTACT: _____ DAYTIME PHONE: _____ EVENING PHONE: _____

REGISTRATION CATEGORIES & FEES (please circle applicable fees):

<input type="checkbox"/> (M) ATA MEMBER	FEE \$795
<input type="checkbox"/> (N) NON-MEMBER	\$1095
<input type="checkbox"/> ATA FELLOWS (ASSOCIATE MEMBERS) FOCUS: (AC) Clinical or (AB) Basic	\$275
<input type="checkbox"/> NON-MEMBER FELLOWS/STUDENTS/RA* (*Verification req.; Fax letter from Prog. Dir. to 703-998-8893/ thyroid@thyroid.org) FOCUS: <input type="checkbox"/> (NC) Clinical or <input type="checkbox"/> (NB) Basic	\$300
<input type="checkbox"/> ATA FELLOWS TRACK PROGRAM (Registration code required for fellows accepted into the ATA Fellows' Track Program) FOCUS: <input type="checkbox"/> (FC) Clinical or <input type="checkbox"/> (FB) Basic	\$0
<input type="checkbox"/> (P) PRESS (verification required)	\$0
DAILY REGISTRATION RATE	\$400
Indicate day(s): <input type="checkbox"/> (T) 9/20: Thurs <input type="checkbox"/> (F) 9/21: Fri <input type="checkbox"/> (S) 9/22-23: Sat/Sun	
<input type="checkbox"/> SPOUSE/GUEST (Spouse/Guest registration admits attendee (with badge only) to the welcome reception, cont. breakfast, coffee breaks, exhibit hall & annual banquet at reduced rate)	\$125
Spouse/Guest Name: _____	

1. Are you an ATA 82nd Annual Meeting abstract submitter? YES NO

2. If yes, enter your ATA Scholar One Abstract Submission Site Control ID Number (Control ID # provided during abstract submission process; also available in abstract submission confirmation notice.): _____
 Check here if you plan to submit an abstract but do not have an ID # yet.

3. I require a CME certificate for my attendance at this meeting. YES NO

4. I consider myself primarily (please list one): _____
 1. Clinician/Practitioner 2. Educator/Teacher 3. Clinical Scientist
 4. Basic Scientist 5. Administrator 6. Surgeon
 7. Other: _____

5. My work is best described as (please list one): _____
 1. Endocrinology 2. Basic Science 3. Surgery
 4. Internal Medicine 5. Oncology 6. Family Medicine
 7. Pathology 8. Nuclear Medicine 9. Genomics Medicine/Counseling
 10. Other: _____

6. My place of work is (please list one): _____
 1. Academic 2. Private Practice 3. Administration
 4. Hospital 5. Government/Military 6. Corporate/Industry
 7. Managed Care 8. Other: _____

7. What are your membership affiliations (select all that apply):
 1. ATA 2. ENDO 3. AAES 4. AAO-HNS 5. PES 6. AACR
 7. SNM 8. AACR 9. ETA, LATS or AOTA 10. Other: _____

8. How did you hear about the ATA Annual Meeting?
 1. ATA Website 2. ATA E-mail 3. ATA Mailed Promotional Piece
 4. ATA Publication 5. Other (specify): _____

9. Do you plan to use your smartphone (I-phone, Blackberry, Android, etc.) to download the ATA Annual Meeting mobile APP and track the ATA program during meeting? YES NO I do not have a smart phone

MEET THE PROFESSOR WORKSHOPS

Meet the Professor (MTP) workshops will be open to attendees at no charge on a first-come, first served basis. Review the topics and times at www.thyroid.org.

SPECIAL ACTIVITY REGISTRATION (check all that apply)

ATA/AACE Endocrine Neck Ultrasound Course with Practicum (Wednesday, 9/19, 7:00 AM – 5:00 PM). Separate registration required. Limited seating, first-come, first-served basis). Registration details available at <http://www.thyroid.org/joint-ataaace-ultrasound-course-82nd-annual-meeting-of-the-ata>

\$0 (REC) ATA Welcome Reception (Wednesday, 9/19, 7:30 – 9:00 PM)
 \$0 (ACO) ATA Committee Meetings (Thursday, 9/20, 12:00 – 12:45 PM) (for active 2012 ATA committee members only)
 \$0 (BUS) ATA Annual Business Meeting (Thursday, 9/20, 6:15 – 7:15 PM) (for ATA members only)
 \$0 (WIT) Women in Thyroidology (Friday, 9/21, 12:30 – 1:15 PM)

ATA ANNUAL BANQUET (Friday, 9/21, 7:30 PM – 11:00 PM)

\$75 (BAN) Registered Attendee or Spouse/Guest Annual Banquet Fee
 \$25 (BNF) Registered Fellow or Spouse/Guest Annual Banquet Fee
 \$125 (BNQ) Non-Registered Attendee, Spouse/Guest, Press Banquet Fee

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

\$ _____ Attendee registration fee (sum all appropriate fees here)
 \$ _____ Spouse/Guest registration fee (\$125 per guest) # _____
 \$ _____ Banquet Fee (Registered Attendee or Spouse/Guest = \$75) # _____
 \$ _____ Banquet Fee (Reg. Fellow or Fellow Spouse/Guest=\$25) # _____
 \$ _____ Banquet Fee (Non-Registered Attendee/Guest/Press=\$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.

American Express MasterCard VISA

CARD NUMBER _____ EXP. DATE _____ CC SECURITY CODE _____

PRINT CARDHOLDER'S NAME _____ SIGNATURE _____

REGISTER ON-LINE at the secure ATA web site www.thyroid.org. Phone 678-341-3056
FAX your completed form 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.

ATA Photo/Audio/Video Release: ATA uses photographs and records meeting audio and video of conference participants in our promotional materials, journals and for-purchase items. By virtue of your registration and attendance at this meeting, ATA reserves the right to use your recorded voice and/or likeness in such materials.

ATA REFUND POLICY: Refund requests must be submitted using the ATA Refund Request form available on the ATA meeting site (www.thyroid.org). Requests submitted by fax or e-mail before August 20, 2012, will receive a registration refund less a 50% processing fee. No refunds will be made if submitted after August 20, 2012. Refunds will be processed 30 days after meeting.

Please keep a copy of this form for your records.