



**American Thyroid Association Spring Symposium and Research Summit 2013**  
**TREATMENT OF HYPOTHYROIDISM:**  
*Exploring the Possibilities*

**April 25-26, 2013 | Westin City Center  
 Washington, D.C.**

**EARLY BIRD REGISTRATION DEADLINE: FEBRUARY 25, 2013**

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: \_\_\_\_\_

**2013 REGISTRATION CATEGORIES & FEES** (please circle applicable fees):

	EARLY BIRD FEE (by 2/25)	FULL FEE (after 2/25)
ATA MEMBER RATES		
<input type="checkbox"/> (M1) Research Summit, 4/25/2013, Only	\$225	\$275
<input type="checkbox"/> (M2) Spring Symposium, 4/26/2013, Only	\$495	\$545
<input type="checkbox"/> (M3) Package (Summit & Symposium)	\$595	\$645
NON-MEMBER RATES		
<input type="checkbox"/> (NM1) Research Summit, 4/25/2013, Only	\$325	\$375
<input type="checkbox"/> (NM2) Spring Symposium, 4/26/2013, Only	\$595	\$645
<input type="checkbox"/> (NM3) Package (Summit & Symposium)	\$795	\$845
NON-MEMBER RN/PA/NP RATES		
<input type="checkbox"/> (R1) Research Summit, 4/25/2013, Only	\$125	\$175
<input type="checkbox"/> (R2) Spring Symposium, 4/26/2013, Only	\$295	\$345
<input type="checkbox"/> (R3) Package (Summit & Symposium)	\$395	\$445
FELLOWS/RESIDENTS/STUDENTS* RATES		
Focus: <input type="checkbox"/> Clinical <input type="checkbox"/> Basic <input type="checkbox"/> Surgical		
<input type="checkbox"/> (F1) Research Summit, 4/25/2013, Only	\$75	\$95
<input type="checkbox"/> (F2) Spring Symposium, 4/26/2013, Only	\$125	\$155
<input type="checkbox"/> (F3) Package (Summit & Symposium)	\$150	\$185
(*Verification req.; Send letter from Prog. Dir. to 703-998-8893/ <a href="mailto:thyroid@thyroid.org">thyroid@thyroid.org</a> )		
<input type="checkbox"/> (P) PRESS (verification required)	\$0	\$0
<input type="checkbox"/> (EXH) EXHIBITOR (two comp badges per paid space; additional badges available at prevailing rates above; exhibitor prospectus available at <a href="http://www.thyroid.org">www.thyroid.org</a> )		

**6. How did you hear about the Spring 2013 Meeting?**

1.  ATA Website 2.  ATA E-mail 3.  ATA Mailed Promotional Piece  
 4.  ATA Publication 5.  Other (specfy): \_\_\_\_\_

**7. Do you plan to use your smartphone** (I-phone, Blackberry, Android, etc.) **to download the Spring 2013 Meeting mobile APP & track the ATA program during the meeting?**  YES  NO  I do not have a smart phone

**MEET THE PROFESSOR LUNCHEON WORKSHOPS (Friday, 4/26/2013, 12:00-1:00 PM)**

Meet the Professor (MTP) luncheon will be open to registered attendees at no charge. Please select which session you plan to attend below for logistical purposes.

- MTP 1: TH and TH Compounds for Treatment of Euthyroid Patients with Other Conditions *Hossein Gharib*  
 MTP 2: Dietary Supplements and Nutraceuticals *Anne R. Cappola*  
 MTP 3: Ethical Issues Involving Use of Thyroid Hormone *James V. Hennessey and M. Sara Rosenthal*

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

\$ \_\_\_\_\_ Attendee registration fee (sum all appropriate fees here)  
 \$ \_\_\_\_\_ 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 (By printing your name, you are authorizing ATA to charge your credit card.)

**REGISTER ON-LINE** at the secure ATA web site [www.thyroid.org](http://www.thyroid.org) Phone 678-341-3057 **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](http://www.thyroid.org)). Requests submitted by fax or e-mail before March 22, 2013, will receive a registration refund less a 50% processing fee. No refunds will be made if submitted after March 22, 2013. Refunds will be processed 30 days after meeting.

*Please keep a copy of this form for your records.*

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

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

**3. 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: \_\_\_\_\_

**4. 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: \_\_\_\_\_

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