

American Thyroid Association (ATA) Ancillary and Satellite Events Form

We are pleased to offer organizations the ability to hold ancillary and satellite events in conjunction with the ATA meeting. We recognize the convenience of access to our attendees at one site, but want to ensure there are no conflicts with our meeting schedule, policies or space. ATA will review your request and will send confirmation of your room assignment upon approval of your activity. All functions must follow the [ATA rules and guidelines](#). Please review these guidelines before requesting space.

EVENT DETAILS:

Type of Event: Ancillary Satellite Other (explain): _____

Name of Organization: _____

Event Title: _____

Desired Meeting Date: _____ Start Time: _____ (AM/PM) End Time: _____ (AM/PM)

Purpose of Meeting (briefly explain purpose of meeting and reason for holding meeting around ATA meeting dates):

Room Setup: Conference Classroom Banquet Theater Other: _____

Number of ATA attendees being invited: _____

Expected Number of Overall Attendees (please attach roster with names and affiliations if available): _____

Is there a separate registration fee for attendees at this event? YES NO

Are your anticipated attendees planning to register and attend the ATA meeting? YES NO

If no, why not (briefly explain)? _____

(NOTE: ATA requests that satellite/ancillary event attendees register & attend the ATA meeting; a list of attendees will be requested to cross-check against ATA registration lists and hotel rooming lists to ensure appropriate credit is given to the ATA on all contracts minimums with the facility or other vendors.)

Was this event held in previous years? YES (If yes, which years?) _____ NO

Attendance is by: Invitation only Open to all ATA meeting registrants

Do you want this event listed in the ATA meeting program book? YES NO

EVENT CONTACT INFORMATION:

Organizer: _____ Company: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Requesting Company's Website Address: _____

When your event has been reviewed and approved, the ATA will assign a meeting room and the appropriate facility staff person to coordinate any other logistical arrangements. *Note: All applicable services associated with ancillary and satellite events will be credited against ATA contract minimums (e.g., food and beverage, hotel reservations). To be listed in the ATA program book, your official meeting title, date and time must be provided at least 45 days prior to the start date of the ATA meeting.*

PRICING AND PAYMENT: The price to hold satellite or ancillary events during our surrounding the ATA meeting dates is \$1000 US Dollars per event. Any additional expenses incurred as a result of room preparation (e.g., setting up or tearing down of seating arrangements), the organizer of the event will be held responsible and will be billed for these expenses by the facility. Checks and money orders for ancillary and satellite event requests should be made payable to the **American Thyroid Association** in U.S. dollars drawn on a U.S. bank.

American Express MasterCard VISA I plan to submit a check for my payment

\$ _____
PAYMENT AMOUNT CARD NUMBER EXP. DATE CC SECURITY CODE

PRINT CARDHOLDER'S NAME _____

SIGNATURE _____

Release Waiver (*sign below for all events*): I, the organizer of the above event, take full responsibility for the event. By signing this waiver The American Thyroid Association is released from any and all liability. Further, I agree to announce at the beginning of this event that it is not sponsored by the ATA and I agree to pay any costs that may accrue.

Organizer's Name (please print clearly) _____

Organizer's Signature _____

**For questions or to submit form please contact: Adonia Calhoun Coates, CMP, Director of Meetings and Program Services
Phone: 703-998-8890; Fax: 703-998-8893; acoates@thyroid.org**