



83rd Annual Meeting of the American Thyroid Association
Celebrating 90 Years of Excellence!

October 16-20, 2013, Sheraton Puerto Rico Hotel, San Juan Puerto Rico

EARLY BIRD REGISTRATION DEADLINE: JULY 15, 2013

www.thyroid.org



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

A. ATTENDEE INFORMATION (please print clearly)

1. Dr 2. Mr 3. Ms 4. Mrs GENDER: Male Female

NAME: First _____ Middle _____ Last _____ NICKNAME FOR BADGE _____

PROFESSIONAL TITLE: _____ Professional degrees(s) (please select all that apply):
 1. MD 2. PhD 3. MD, PhD 4. RN/PA/NP 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 ACCOMMODATIONS OR NEEDS/DIETARY RESTRICTIONS: _____

EMERGENCY CONTACT: _____ DAYTIME PHONE: _____ EVENING PHONE: _____

B. REGISTRATION CATEGORIES (Please select one)	EARLY BIRD RATES (BY JUL 15)	DISCOUNTED RATES (JUL 16-SEPT 16)	FULL FEE (AFTER SEPT 16)
<input type="checkbox"/> (M) ATA MEMBER	\$725	\$765	\$795
<input type="checkbox"/> (MR) ATA MEMBER RESEARCHER (PhD Only)	\$545	\$565	\$595
<input type="checkbox"/> (N) NON-MEMBER	\$1095	\$1145	\$1195
<input type="checkbox"/> ATA TRAINEES (ASSOCIATE MEMBERS) FOCUS: <input type="checkbox"/> (AC) Clinical <input type="checkbox"/> (AB) Basic <input type="checkbox"/> (AS) Surgical	\$250	\$250	\$275
<input type="checkbox"/> NON-MEMBER TRAINEE/STUDENTS/RA* FOCUS: <input type="checkbox"/> (NC) Clinical <input type="checkbox"/> (NB) Basic <input type="checkbox"/> (NS) Surgical <small>(*Verification required – send letter from Program Director via fax: 703-998-8893 or email: thyroid@thyroid.org)</small>	\$300	\$325	\$350
<input type="checkbox"/> ATA TRAINEES GRANT PROGRAM FOCUS: <input type="checkbox"/> (FC) Clinical <input type="checkbox"/> (FB) Basic <input type="checkbox"/> (FS) Surgical <small>(Registration code required for trainees accepted into the grant program—requirements online at www.thyroid.org)</small>	\$125	\$125	\$125
<input type="checkbox"/> (P) PRESS (verification required)	\$0	\$0	\$0
<input type="checkbox"/> (SPED) SOCIEDAD PUERTORRIQUENA DE ENDOCRINOLOGIA Y DIABETOLOGIA MEMBER RATE* <small>*Verification required</small>	\$545	\$565	\$595
DAILY REGISTRATION RATES Indicate day(s): <input type="checkbox"/> (T) 10/17-Thursday <input type="checkbox"/> (F) 10/18-Friday <input type="checkbox"/> (S) 10/19-20-Saturday/Sunday	\$375	\$395	\$425
<input type="checkbox"/> (SP) SPOUSE/GUEST (Registration admits attendee (with badge only) to the welcome reception, continental breakfasts, coffee breaks, exhibit hall & annual banquet at reduced rate) Spouse/Guest Name #1: _____ Spouse/Guest Name #2: _____	\$125	\$125	\$125
<i>Exhibitors: All exhibitors should register using the separate ATA exhibitor registration site.</i>			

C. DEMOGRAPHICS (please answer all questions)

1. Are you an ATA 83rd 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 or circle one): _____
 1. Clinician/Practitioner 2. Educator/Teacher 3. Clinical Scientist 4. Basic Scientist 5. Surgeon 6. Administrator 7. Other: _____

5. My work is best described as (please list or circle 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 best described as (please list or circle one): _____
 1. Academic 2. Private Practice 3. Administration 4. Hospital 5. Government 6. Military 7. Corporate/Industry
 8. Managed Care 9. Pediatrics 10. Other: _____

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

8. How did you hear about the ATA Annual Meeting? ATA:
 1. Website 2. E-mail 3. Mailed Promotional Piece 4. Publication 5. Social Media 6. Other (specify): _____

9. Do you plan to stay at the headquarters hotel (Sheraton Puerto Rico) for the meeting? If no, where?
 YES, I plan to stay at the Sheraton NO, I do not plan to stay at the Sheraton If no, where: _____

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.

D. SPECIAL ACTIVITY REGISTRATION (please check all that apply)	DATE AND TIME (subject to change)	RATES
<input type="checkbox"/> (WIT) Women in Thyroidology Networking Mtg & Reception (open to all registered attendees)	Wednesday, 10/16/2013 3:00PM–5:00PM	\$35
<input type="checkbox"/> (REC) ATA Welcome Reception (open to all registered attendees; badge required for entry)	Wednesday, 10/16/2013 7:30PM–9:00 PM	\$0
<input type="checkbox"/> (FEL) Trainees Welcome Reception (open to all registered trainees)	Wednesday, 10/16/2013 8:30PM–9:30 PM	\$0
<input type="checkbox"/> (ACO) ATA Committee Meetings (open to active 2013 ATA committee members only)	Thursday, 10/17/2013 12:00PM–12:45 PM	\$0
<input type="checkbox"/> (BUS) ATA Annual Business Meeting (open to ATA members only)	Thursday, 10/17/2013 6:15PM–7:30 PM	\$0
ATA ANNUAL BANQUET (please select the appropriate rate):		
<input type="checkbox"/> (BAN) Registered Attendee or Registered Spouse/Guest Annual Banquet Fee	Friday, 10/18/2013 7:30 PM–11:00PM	\$75
<input type="checkbox"/> (BNF) Registered Trainee or Registered Trainee Spouse/Guest Annual Banquet Fee		\$40
<input type="checkbox"/> (BNQ) Non-Registered Attendee, Spouse/Guest, Press Banquet Fee		\$125
ATA/AACE ENDOCRINE NECK ULTRASOUND COURSE WITH PRACTICUM Limited seating; first-come, first-served. Separate registration required, details and pricing will be posted as available at www.thyroid.org		
		Wednesday, 10/16/2013 tentatively: 7:00 AM–5:00PM

E. MEET THE PROFESSOR WORKSHOPS (MTP)		
MTP Workshops are open to attendees at no charge. Please select one session for each day. <i>Note: Speakers and talk titles are subject to change.</i>		
THURSDAY, 10/17/2013, 11:00 AM – 12:00 PM (please select only one option per day)	FRIDAY, 10/18/2013, 2:20 PM – 3:20 PM (please select only one option per day)	SATURDAY, 10/19/2013, 11:30 AM – 12:30 PM (please select only one option per day)
<input type="checkbox"/> CLINICAL: Management of Pediatric Thyroid Nodules and Cancer <i>Stephen Huang and Geoffrey Thompson</i>	<input type="checkbox"/> CLINICAL: Duration of Anti-Thyroid Drug Treatment in Graves' Disease: Children vs. Adults <i>Juliana Leger and David Cooper</i>	<input type="checkbox"/> CLINICAL: Congenital Hypothyroidism: Management of Mild Cases and Discovery of Novel Genetic Causes <i>Guy Van Vliet and Nadia Schoenmakers</i>
<input type="checkbox"/> CLINICAL: Weird TFTs, Their Interpretation and Management <i>Marius Stan and Jeffrey Garber</i>	<input type="checkbox"/> CLINICAL: Thyroid Cancer in Pregnancy <i>Erik Alexander and Sanziana A Roman</i>	<input type="checkbox"/> CLINICAL: Controversies in Perioperative Management: Outpatient Thyroidectomy and Calcium Management <i>Maise Shindo & Michael Yeh</i>
<input type="checkbox"/> CLINICAL: Management of Poorly Differentiated/Anaplastic Carcinoma and Thyroid Lymphoma <i>Naifa Busaidy and Julie Ann Sosa</i>	<input type="checkbox"/> CLINICAL: Management of Thyroid Disease in the Elderly <i>Kristien Boelaert and Linwah Yip</i>	<input type="checkbox"/> CLINICAL: Risk Stratification of Thyroid Cancer Patients <i>R. Michael Tuttle and Drew Ridge</i>
<input type="checkbox"/> BASIC: Update on the Biology of 3-Iodothyronamine (T1AM) <i>Thomas Scanlan and Riccardo Zucchi</i>	<input type="checkbox"/> BASIC: The Sodium Iodide Symporter in Non-Thyroid Cancer <i>Jamila Faivre and John Morris</i>	<input type="checkbox"/> BASIC: Thyroid Hormone Regulation of Cholesterol and Liver Metabolism <i>Kevin Phillips and Koshi Hashimoto</i>
<input type="checkbox"/> BASIC: Update on Thyroid Hormone Transporters <i>Edward Visser and Heike Heuer</i>	<input type="checkbox"/> TRANSLATIONAL: The Nonthyroidal Illness Syndrome: Clinical Management and Basic Mechanisms <i>Virginia Sarapura and Anita Boelen</i>	<input type="checkbox"/> TRANSLATIONAL: Biorepositories for Clinical Assay Development <i>Robert Smallridge and Michael Roerhl</i>

F. TOTAL FEES (please total each line item if more than one):			
EVENTS	Rates (per person)	Quantity (# of pp)	Amount to Charge
Attendee registration fee (select appropriate rate that corresponds with registration category)	See rates		\$
Spouse/Guest registration fee	\$125		\$
Women in Thyroidology (WIT) Networking Meeting and Reception Registration Fee	\$35		\$
Annual Banquet Fee – Registered Attendee or Spouse/Guest	\$75		\$
Annual Banquet Fee – Registered Trainee or Trainee Spouse/Guest	\$40		\$
Annual Banquet Fee – Non-Registered Attendee/Guest/Press	\$125		\$
Donation to Trainee's Travel Fund (optional – funds support programming and travel costs for trainees)			\$
TOTAL DUE (provide a check or credit card for this amount):			\$

G. 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.			
<input type="checkbox"/> American Express		<input type="checkbox"/> MasterCard	
<input type="checkbox"/> VISA		<input type="checkbox"/> Check (enclosed)	
CREDIT CARD NUMBER	EXPIRATION DATE	CC SECURITY CODE	
PRINT CARDHOLDER'S NAME	SIGNATURE		
<i>NOTE: Your signature authorizes your credit card to be charged for the total payment above. ATA reserves the right to charge the correct amount if different from total payment listed above.</i>			

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 September 16, 2013, will receive a registration refund less a 50% processing fee. No refunds will be made if submitted after September 16, 2013. Refunds will be processed 30 days after meeting.

FAX your completed form to 678-341-3081. If you **FAX** your form, please **DO NOT MAIL**. For registration questions, contact QMS: 678-341-3056

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

Additional meeting information and online registration available on the ATA web site: www.thyroid.org. If you submit this form, please do not re-register online.



Please keep a copy of this form for your records.
American Thyroid Association – dedicated to scientific inquiry, clinical excellence, public service, education and collaboration, www.thyroid.org