

84TH ANNUAL MEETING OF THE AMERICAN THYROID ASSOCIATION October 29 - November 2, 2014

Hotel Del Coronado, Coronado, California www.thyroid.org

REFUND REQUEST FORM

ATA REFUND POLICY: Refund requests must be submitted using this Refund Request Form. Requests submitted by fax or e-mail before September 15, 2014, will receive a registration refund less 50% or \$150 processing fee (whichever amount is lower). Cancellation of Trainee and Guest registrations are subject to a \$50 cancellation processing fee each. Pre-meeting programming and optional ticketed sessions purchased are subject to a \$75 (each) cancellation processing fee. No refunds for registration or programming will be granted if submitted after 9/15/2014. No refunds will be granted for no-shows. All refunds will be processed 30 days after meeting.

All requested information must be provided to process a refund. All fees are in U.S. dollars.

REGISTRANT NAME:					
First		Middle		Last	
PHONE:	FAX:		E-MAIL ADDRESS:		
ORIGINAL FORM OF PAYMENT: \Box N	1C/VISA	☐ American Express	☐ Check	☐ Other	
ORIGINAL PAYMENT: Personal	☐ Institu	tion			
NAME of the ORGANIZATION or INDIVIDUAL	who origina	ally paid the registration and	I is due the refu	nd	
ADDRESS 1					
ADDRESS 2					
CITY STAT	TATE/PROVINCE		ZIP CODE + 4	COUNTRY - IF OUTSIDE US, INCLUDE COUNTRY/CITY CODE	
PHONE:	FAX:		E-MAIL ADDRESS:		
Reason for cancellation: Submitted by:					
Signature		Printed Name		Date	
PHONE:	FAX:		_ E-MAIL ADI	E-MAIL ADDRESS:	
Send this form By email to sbarger@thyroid By fax to 703-998-8893 or By mail to American Thyroid		tion 6066 Leesburg	g Pike, Suit	te 550 Falls Church, VA 22041	
Internal use: Form of Refund: ☐ MC	□VISA	☐ American Express	☐ Check #	#	
Date submitted:	Origina	l payment date:	te: Original payment:		
Approved:	Amount due:				

