



American Thyroid Association (ATA) Spring 2017 Satellite Symposium

Hypothyroidism - Where Are We Now?

Friday, March 31, 2017, 1:00 PM – 5:30 PM (Prior to the start of ENDO 2017)

www.thyroid.org



RETURN THIS PRINT FORM TO THE AMERICAN THYROID ASSOCIATION (ATA) VIA THYROID@THYROID.ORG OR FAX TO 703-998-8893
OR

REGISTER ONLINE THROUGH THE ENDOCRINE SOCIETY REGISTRATION WEBSITE AT <http://www.endocrine.org/endo-2017/registration>

A. ATTENDEE INFORMATION (Please print clearly)

GENDER: Male Female Professional degrees(s) (please select all that apply):
 1. MD 2. PhD 3. MD, PhD 4. DO 5. RN/PA/NP 6. Other _____
 1. Dr 2. Mr 3. Ms 4. Mrs

NAME: First Middle Last

PROFESSIONAL/JOB TITLE _____

ORGANIZATION/AFFILIATION _____

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: _____

ALTERNATE EMAIL: _____ DAYTIME PHONE: _____ EVENING PHONE: _____

B. REGISTRATION CATEGORIES (Please select one)

REGISTRATION CATEGORIES (Please select one)	REGISTRATION FEE
<input type="checkbox"/> (M) ATA OR ENDOCRINE SOCIETY (ENDO) MEMBER	\$159
<input type="checkbox"/> (N) NON-MEMBER	\$179
<input type="checkbox"/> (A) ATA ASSOCIATE MEMBER/TRAINEE/FELLOW/STUDENT	\$49
<input type="checkbox"/> (PT) THYROID PATIENTS/NON-PHYSICIAN PUBLIC ATTENDEE SPECIAL RATE	\$49
<input type="checkbox"/> (P) PRESS (verification required)	\$0

C. DEMOGRAPHICS (Please answer all questions)

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

2. I consider myself primarily (please list or circle one): _____
 1. Clinician/Practitioner 2. Basic Scientist 3. Clinical Scientist 4. Educator/Teacher 5. Laboratory Investigator 6. Administrator 7. Patient/General Public
 8. Other (please specify): _____

3. What are your professional membership affiliations (select all that apply): 1. ATA only 2. ENDO only 3. ATA and ENDO
 4. AAES 5. AAO-HNSF 6. PES 7. AACE 8. SNMMI 9. AACR 10. ETA, LATS or AOTA 11. Other: _____

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

5. Do you plan to attend the 87th Annual Meeting of the ATA on October 18-22, 2017 at the Fairmont Empress and Victoria Conference Centre in Victoria, BC, Canada, <http://www.thyroid.org/87th-annual-meeting-ata/>? YES NO

6. Would you like to receive more information about becoming an ATA member, <http://www.thyroid.org/thyroid-association-membership/>? YES NO

D. REGISTRATION RATES AND PAYMENT:

REGISTRATION RATES: \$159 – ATA Member or ENDO Member \$179 – Non-Member \$49 – ATA Associate Member/Trainees
 \$49 – Patient/Non-Physician Public Rate \$0 – Press

PAYMENT METHOD: American Express MasterCard VISA CHECK (Check # _____)

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ CC SECURITY CODE _____

PRINT CARDHOLDER'S NAME _____ CARDHOLDER'S SIGNATURE _____

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.

FAX your completed form to 703-998-8893. If you **FAX** your form, please DO NOT MAIL. For registration questions, contact ATA at thyroid@thyroid.org or via phone at 703-998-8890.

MAIL your completed registration form with payment to: American Thyroid Association, 6066 Leesburg Pike, Suite 550, Falls Church, VA 22041.

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.

ATA REFUND POLICY: Refund requests must be submitted using the ATA Refund Request form available upon request at thyroid@thyroid.org. Requests submitted by fax or e-mail before February 28, 2017, will receive a registration refund less \$75 USD or 50% processing fee (whichever amount is lower). Cancellation of ATA Associate member/trainee/fellow/student registrations are subject to a 50% cancellation processing fee per registration if cancellation request received before February 28, 2017. No refunds for registration or programming will be granted if submitted after February 28, 2017 (no exceptions). No refunds will be granted for no-shows. All refunds will be processed 30 days after meeting.



American Thyroid Association – dedicated to scientific inquiry, clinical excellence, public service, education and collaboration, www.thyroid.org

Please keep a copy of this form for your records.