

	<h1>American Thyroid Association (ATA)</h1>
	<h2>Ancillary Events Request Form</h2>
	<p>Westin Kierland in Scottsdale, AZ Sept 10-14, 2025</p>

We are pleased to offer organizations the ability to hold ancillary events in conjunction with the ATA's 2025 Annual 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 and/or space. ATA will review your request and send confirmation of your room assignment upon approval of your activity. All functions must follow the 2025 ATA Annual Meeting Ancillary Events Policy. Please review these guidelines before requesting space.

IMPORTANT NOTE: Meeting space is available to confirmed exhibit and sponsor partners only.

EVENT DETAILS:

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: ☐ Theater ☐ Conference ☐ Classroom ☐ Banquet ☐ Other: _____

Number of ATA Annual Meeting attendees being invited: _____

Expected Number of Overall Attendees (please attach roster with names & 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 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? ☐ YES ☐ NO

EVENT CONTACT INFORMATION:

Organizer Name: _____ Company: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____ Phone (including country code): _____

Email _____ Company's Website Address: _____

Once your event has been reviewed and approved, the ATA will assign a meeting room and provide contact information for the appropriate facility staff person to coordinate any other logistical arrangements. Note: All applicable services associated with ancillary events will be credited against ATA contract minimums (e.g., food and beverage, hotel reservations). To be listed in the 2025 ATA Annual Meeting Program, 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:

- ☐ Fee: \$3,500 per event

The assigned meeting room will be provided by the ATA at the meeting venue, the Westin Kierland, unless otherwise requested to confirmed exhibitor and sponsor partners only. If needed, please complete a separate sheet for any additional events you plan to host. NOTE: Space obtained outside of the ATA official meeting venue is also subject to ATA approval and relevant fees. Event will be listed on the 2025 ATA Annual Meeting website, in the Expo Guide, and the meeting mobile app. Presentation topic and content subject to ATA review/approval.

Medical education and industry partners should contact the ATA if they would like to conduct an on-site education session during the meeting. These are not considered ancillary meetings. All cancellations and/or reductions of an ancillary event must be submitted in writing using the ATA Refund Request Form. If an exhibitor or sponsor cancels an ancillary event on or before Friday, August 8, 2025, the exhibitor or sponsor is responsible for 50% of the ancillary event costs. After Friday, August 8, 2025, the exhibitor or sponsor is responsible for the full cost of the ancillary event irrespective of the reason for cancellation (including any equipment and/or catering expenses if applicable).

PAYMENT INFORMATION:

- ☐ Check #_____ made payable to the American Thyroid Association
Please send the check to ATA, 2000 Duke Street, Suite 300, Alexandria, VA 22314 (NOTE: Check must be in U.S. currency drawn on a U.S. bank.)
- ☐ ACH Payment
Please email your signed request form to Gwynn Breckenridge at ataevents@thyroid.org. Once your signed request form is received, we will follow up to provide ACH transfer details. Questions regarding ACH payments and invoices can also be directed to Gwynn Breckenridge at ataevents@thyroid.org.

RELEASE WAIVER:

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