

15th International Thyroid Congress (ITC) 2015 Ancillary and Satellite Events Request Form

Hosted by the American Thyroid Association (ATA), co-sponsored by AOTA, LATS and ETA

We are pleased to offer organizations the ability to hold ancillary and satellite events in conjunction with the 15th ITC 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. As official host of the 15th ITC, the ATA is responsible for all logistical arrangements associated with the Congress. ATA will review your request and send confirmation of your room assignment upon approval of your activity. All functions must follow the [15th ITC Ancillary-Satellite Events Policy](#). 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 ITC meeting dates):

Room Setup: Conference Classroom Banquet Theater Other: _____

Number of 15th ITC 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

Is CME accreditation being offered as part of this event? YES NO

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

If no, why not (briefly explain)? _____
(NOTE: ATA requests that satellite/ancillary event attendees register & attend the ITC meeting; a list of attendees will be requested to cross-check against ITC registration lists and hotel rooming lists to ensure appropriate credit is given to the ITC 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 ITC meeting registrants

Do you want this event listed in the ITC 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 15th ITC program book, your official meeting title, date and time must be provided at least 45 days prior to the start date of the ITC meeting.*

PRICING AND PAYMENT: Pricing for 15th ITC ancillary and satellite programs is available in the 15th ITC Ancillary-Satellite Events Policy. Please note that all pricing is subject to change based on the scope, size and length of the activity. Any additional expenses incurred as a result of room preparation (e.g., labor associated with 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, not the ATA. 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 and 15th International Thyroid Congress 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 or ITC 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
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