



All requested information must be provided to process registration form. All fees are in U.S. dollars. **DISCOUNT REGISTRATION DEADLINE: 7/31/2018**

**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. DO ☐ 5. RN/PA/NP ☐ 6. PharmD ☐ 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 \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SPECIAL ACCOMMODATIONS OR NEEDS/DIETARY RESTRICTIONS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ CELL/EVENING PHONE: \_\_\_\_\_

**B. American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC)**

ATA will offer Maintenance of Certification (MOC) credits for sessions at the 88<sup>th</sup> Annual Meeting. If you are interested in receiving MOC certification for available sessions, please complete the information below. ATA's joint provider, The University of Colorado School of Medicine will, share MOC Part II participation information with the American Board of Internal Medicine (ABIM) through the Program and Activity Reporting System (PARS) and the Accreditation Council for Continuing Medical Education (ACCME). This will include my name, ABIM member ID, birth date along with my participation in the activity, the maximum allowable MOC points, and my MOC point value. Participant data is governed by ABIM's Confidentiality Policy which may be found on the ABIM website. You will be instructed and required to completed additional information post meeting to receive credits.

☐ Yes, I am interested in claiming available MOC credits from the ATA meeting ☐ No, I am not interested in obtaining MOC credits

ABIM ID (please enter your Board Certified physician unique, six-digit ABIM ID number): \_\_\_\_\_

ABIM Number locator: <https://www.abim.org/online/findcand.aspx>

Date of Birth (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred email address for MOC credit correspondence: \_\_\_\_\_

☐ Electronic Signature: By checking this box, I agree that my participation information will be shared with American Board of Internal Medicine via the Accreditation Council for CME PARS system for the purpose of reporting MOC completion. I attest that the completed information is accurate. Please accept this as my signature.

C. REGISTRATION CATEGORIES (Please select one)	ONLINE REGISTRATION RATES (Additional \$25 per application fee applies to paper submitted forms)	
	DISCOUNTED (JUN 19 – JUL 31)	FULL FEE (AFTER JUL 31)
<input type="checkbox"/> (M) ATA MEMBER (discounts are available for seniors and emeritus ATA members with registration code; inquire at <a href="mailto:meetings@thyroid.org">meetings@thyroid.org</a> to receive the special code)	\$840	\$940
<input type="checkbox"/> (MR) ATA MEMBER RESEARCHER (PHD ONLY)	\$630	\$705
<input type="checkbox"/> (N) NON-MEMBER (inquire at <a href="mailto:meetings@thyroid.org">meetings@thyroid.org</a> for local non-member rates and code)	\$1240	\$1340
<input type="checkbox"/> ATA TRAINEES (ASSOCIATE MEMBERS) FOCUS: <input type="checkbox"/> (AC) Clinical <input type="checkbox"/> (AB) Basic <input type="checkbox"/> (AS) Surgical	\$325	\$375
<input type="checkbox"/> NON-MEMBER TRAINEE/FELLOW/STUDENT FOCUS: <input type="checkbox"/> (NC) Clinical <input type="checkbox"/> (NB) Basic <input type="checkbox"/> (NS) Surgical (Trainee status verification required. Form available online at <a href="http://www.thyroid.org">www.thyroid.org</a> )	\$400	\$450
<input type="checkbox"/> ATA TRAINEES GRANT PROGRAM FOCUS: <input type="checkbox"/> (FC) Clinical <input type="checkbox"/> (FB) Basic <input type="checkbox"/> (FS) Surgical (Code required for trainees accepted into grant program—Requirements online at <a href="http://www.thyroid.org">www.thyroid.org</a> )	\$325	\$375
<input type="checkbox"/> (AHS) ALLIED HEALTHCARE SPECIALIST (AHS) MEMBER	\$530	\$630
<input type="checkbox"/> (AHN) NON-MEMBER ALLIED HEALTHCARE SPECIALIST (AHS) or ADVANCED PRACTICE PROVIDER (APP) (Available to NP, PA, RN, PharmD and other non-MDs or PhDs)	\$630	\$705
<input type="checkbox"/> (P) PRESS (verification required)	\$0	\$0
DAILY REGISTRATION RATES (one selection only; select full registration for multiple day registration) Choose one option: <input type="checkbox"/> (T) 10/3-4-Wednes./Thurs. <input type="checkbox"/> (F) 10/5-Fri. <input type="checkbox"/> (S) 10/6-7-Sat./Sun.	\$425	\$495
<input type="checkbox"/> (SP) SPOUSE/GUEST (Actual value = \$500; Registration admits attendee (with badge only) to the welcome reception, coffee breaks, exhibit hall & annual banquet at a reduced, additional rate) Spouse/Guest Name #1: _____ Spouse/Guest Name #2: _____	\$175	\$200
Exhibitors: All exhibitors should register using the separate ATA exhibitor registration site.		

<b>D. DEMOGRAPHICS</b> (please answer all questions)			
1. I require or request a CME certificate for my attendance at this meeting. <input type="checkbox"/> YES <input type="checkbox"/> 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. Allied Healthcare Specialist/Advanced Practice Provider      8. Other: _____			
3. My work is best described as (please list or circle one): _____ 1. Endocrinology    2. Scientist    3. Surgery-Endocrine    4. Surgery-Otolaryngology    5. Pediatric Endocrinology    6. Internal Medicine    7. Nuclear Medicine 8. Oncology    9. Pathology    10. Genomic Medicine/Counseling    11. Family Medicine    12. Allergist-Immunologist    13. Retired    14. Other: _____			
4. My place of work is best described as (please list or circle one): _____ 1. Academic      2. Administration      3. Corporate/Industry      4. Government      5. Hospital      6. Military      7. Managed Care 8. Pediatrics      9. Private Practice      10. Retired      11. Other: _____			
5. What are your membership affiliations (select all that apply): <input type="checkbox"/> 1.ATA <input type="checkbox"/> 2.ENDO <input type="checkbox"/> 3.AAES <input type="checkbox"/> 4.AAO-HNS <input type="checkbox"/> 5.PES <input type="checkbox"/> 6.AACE <input type="checkbox"/> 7.SNMMI <input type="checkbox"/> 8.AACR <input type="checkbox"/> 9.ETA, LATS or AOTA <input type="checkbox"/> 10.ANA, AANP or AAPA <input type="checkbox"/> 11.Other: _____			
6. How did you hear about the ATA Annual Meeting? ATA: <input type="checkbox"/> 1. Colleague <input type="checkbox"/> 2. Website <input type="checkbox"/> 3. E-mail <input type="checkbox"/> 4. Mailed Promotional Piece <input type="checkbox"/> 5. Publication <input type="checkbox"/> 6. Social Media <input type="checkbox"/> 7. Other (specify): _____			
7. Do you plan to stay at the headquarters' hotel (Marriott Marquis Washington DC) for the meeting? If no, where? <input type="checkbox"/> YES, I plan to stay at the Marriott Marquis Washington DC <input type="checkbox"/> NO, I am a local attendee. I do not require a hotel reservation. <input type="checkbox"/> NO, I require a hotel, but do not plan to stay at the Marriott Marquis Washington DC. If no, where and why? _____ Please note that ATA contracts and is liable for a large block of rooms at our headquarters hotel each year. We ask that all attendees use ATA's official housing vendor EventSphere to book your housing for the meeting. Once the headquarters hotel fills, EventSphere will automatically provide alternative overflow hotel options. Please visit <a href="http://www.thyroid.org">www.thyroid.org</a> or follow the link at the conclusion of the online registration process to the ATA housing website to reserve your hotel.			
8. ATA Annual Meeting mobile app. We would like to allow attendees to voluntarily provide their contact information to be included on the mobile APP for other attendees to view and contact you during the meeting. Please let us know if you would like your information included and available for this service. <input type="checkbox"/> YES, I would like to have my contact information available to other ATA attendees during the meeting on the ATA mobile APP. <input type="checkbox"/> NO, I would NOT like to have my contact information available to other ATA attendees during the meeting on the ATA mobile APP.			
<b>E. SPECIAL ACTIVITY REGISTRATION</b> (please check all that apply)		<b>DATE AND TIME</b> (subject to change)	
<input type="checkbox"/> (US1) Advanced Endocrine Neck Ultrasound Course (limited space; pre-registration required)		Wednesday, 10/3/2018	6:30 AM – 4:30 PM
Ridgway Trainee Conference Special Programming (Open to all unless otherwise noted)			
<input type="checkbox"/> (TTC) Trainees Clinical/Translational Pre-Day Program (\$150 fee for non-trainees)		Wednesday, 10/3/2018	8:00 AM – 4:00 PM
<input type="checkbox"/> (TTB1) Trainees Basic Pre-Day Morning Program (same programming offered in clinical trainee course above; open to basic trainees only with pre-registration)		Wednesday, 10/3/2018	8:00 AM – 1:00 PM
<input type="checkbox"/> (TTB2) Trainees Basic Pre-Day Afternoon Program: Title TBD (open to all)		Wednesday, 10/3/2018	1:00 PM – 4:00 PM
<input type="checkbox"/> (TTS) Surgical Considerations in Management of the Thyroid for Trainees (open to trainees only)		Thursday, 10/4/2018	8:50 AM – 11:45 AM
<input type="checkbox"/> (TTU) Trainee Introduction to Ultrasound Course (open to trainee grant recipients only; designed for trainees with limited ultrasound training in their programs)		Thursday, 10/4/2018	1:45 PM – 3:15 PM
<input type="checkbox"/> (INTL) Latin American International Satellite Symposium (limited seating; first come, first served; email <a href="mailto:eriveltovolpi@yahoo.com">eriveltovolpi@yahoo.com</a> for promo code)		Wednesday, 10/3/2018	1:00 PM – 4:00 PM
<input type="checkbox"/> (REC) ATA Opening Networking Reception (open to all registered attendees; badge required)		Wednesday, 10/3/2018	6:30 PM – 7:30 PM
<input type="checkbox"/> (WITR) Women in Thyroidology Networking Reception (open to registered attendees with sign up)		Wednesday, 10/3/2018	6:30 PM – 7:30 PM
<input type="checkbox"/> (ACO) ATA Committee Meetings (open to active 2018 ATA committee members only)		Wednesday, 10/3/2018	2:45 PM – 4:00 PM
<input type="checkbox"/> (WITN) Women in Thyroidology Business Meeting (open to registered attendees with sign up)		Thursday, 10/4/2018	7:00 AM – 8:00 AM
<input type="checkbox"/> (BUS) ATA Annual Business Meeting (open to ATA members only)		Thursday, 10/4/2018	6:00 PM – 7:00 PM
ATA ANNUAL BANQUET (Actual value=\$225 per person; select appropriate rate):			
<input type="checkbox"/> (BAN) Registered Attendee or Registered Spouse/Guest Annual Banquet Fee		Friday, 10/5/2018	7:30 PM – 9:30 PM
<input type="checkbox"/> (BNF) Registered Trainee or Registered Trainee Spouse/Guest Annual Banquet Fee			
<input type="checkbox"/> (BNQ) Non-Registered Attendee, Spouse/Guest, Press Banquet Fee			
<input type="checkbox"/> (PED) ATA Pediatric Thyroid Forum Satellite Program: Update on Pediatric Thyroid Disease 2018 – (complimentary to registered attendees; fee for non-registered ATA meeting attendees)		Saturday, 10/6/2018	8:00 AM – 12:00 PM
<input type="checkbox"/> (APP) ATA 1 <sup>st</sup> Annual Advanced Practice Provider Satellite Symposium (complimentary to registered attendees; fee for non-registered ATA meeting attendees)		Saturday, 10/6/2018	1:00 PM – 6:15 PM
<b>F. DISCUSSION-DEBATES/MEET THE PROFESSOR WORKSHOPS (DD/MTP) - First-come, first-served basis. Advance sign up is requested for planning purposes.</b>			
<b>THURSDAY, 10/4/2018, 5:00 PM – 5:55 PM</b> (please select only one option per time slot)		<b>FRIDAY, 10/5/2018, 4:50 PM – 5:45 PM</b> (please select only one option per time slot)	
<input type="checkbox"/> (DM1) Locally Advanced Thyroid Cancer in the Era of TKIs		<input type="checkbox"/> (DM7) Healthcare Disparities in Thyroid Cancer Treatment - From Race to Zip Code	
<input type="checkbox"/> (DM2) Genetic Syndromes and Thyroid: Recognition and Management		<input type="checkbox"/> (DM8) Regenerative Medicine: Genetic and Epigenetic Regulatory Circuits of Pluripotency in Thyroid Diseases	
<input type="checkbox"/> (DM3) Graves' Eye Disease-Collaborative Endocrine and Ophthalmology Management Standard and Novel Approaches		<input type="checkbox"/> (DM9) Better Patient Reported Outcomes in Thyroid Cancer Treatment	
<input type="checkbox"/> (DM4) Endocrine and Nuclear Medicine – Controversies, Consensus and Collaboration in the Use of Radioactive Iodine Therapy in DTC		<input type="checkbox"/> (DM10) Understanding of Thyroid Pathology and Cytology for Endocrinologists and Surgeons	
<input type="checkbox"/> (DM5) Precision Medicine in Thyroid Cancer		<input type="checkbox"/> (DM11) Thyroid Disease and Pregnancy	
<input type="checkbox"/> (DM6) Immunologic-Based Approaches for Advanced Thyroid Cancers		<input type="checkbox"/> (DM12) Thyroid Hormone and the Heart	
		<input type="checkbox"/> (DM13) Ethical Issues for Every Thyroidologist	
		<input type="checkbox"/> (DM14) International Thyroid Oncology Group (ITOG) – Clinical Trial Portfolio	
		<input type="checkbox"/> (DM15) New Insights in TH Metabolism /TH Metabolite Profile/Novel Metabolic Pathways	
		<input type="checkbox"/> (DM16) Medullary Thyroid Cancer – Updates on Detection, Management & Post-Operative Follow Up	
		<input type="checkbox"/> (DM17) Thyroid and NAFLD	
		<input type="checkbox"/> (DM18) VideoEndocrinology: Risk Stratification of Thyroid Cancer	

☐ **Liability Waiver:** I agree and acknowledge that I am undertaking participation in ATA events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ATA events and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place. This acknowledgement includes my guest(s) participation (if applicable) in any evening events.

☐ **Photography/Video/Audio/Recording Waiver:** ATA plans to take photographs at the 2018 Annual Meeting and reproduce them in ATA promotional materials, journals or for-purchase items, whether in print, electronic or other media, including the ATA website. By participating in the 2018 Annual Meeting, I grant ATA the right to use my image, photograph and biography for such purposes. All postings become the property of ATA. Postings may be displayed, distributed or used by ATA for any purpose. To protect the research and professional efforts of the faculty participating at the ATA meeting, I agree and acknowledge that use of audio, video or photography equipment or devices to record or collect ATA Annual Meeting faculty audio or presentation slides is strictly prohibited.

F. TOTAL FEES (please total each line item if more than one; all rates are listed in U.S. Dollars):			
EVENTS	Rates (per person)	Quantity (# of pp)	Amount to Charge
Attendee registration fee (select appropriate rate that corresponds with registration category) PROMO CODE (IF APPLICABLE): _____	See rates		\$
Spouse/Guest registration fee (actual value = \$500)	See rates		\$
Clinical Ridgway Trainee Conference Pre-Meeting Programming – Wed, 10/3/2018 (Open to all; non-trainee rate)	\$150		
Annual Banquet Fee – Registered Attendee or Spouse/Guest (actual value = \$225)	\$100		\$
Annual Banquet Fee – Registered Trainee or Trainee Spouse/Guest (actual value = \$225)	\$75		\$
Annual Banquet Fee – Non-Registered Attendee, Spouse/Guest or Press (actual value = \$225)	\$150		\$
ATA Pediatric Thyroid Forum Satellite Program: Update on Pediatric Thyroid Disease 2018	\$75		\$
ATA 1 <sup>st</sup> Annual Advanced Practice Provider (NP/PA) Satellite Symposium	\$75		\$
Donation to Ridgway Trainee's Travel Fund (optional – funds support programming and travel costs for trainees)			\$
Print registration form processing fee: An additional \$25 per application fee applies to all registrations submitted via paper.	\$25		\$25.00
<b>TOTAL DUE (provide a check or credit card for this amount; all fees are charged in U.S. Dollars):</b>			<b>\$</b>

G. SUBMISSION AND PAYMENT:		
Checks and money orders for registration payable to the <b>American Thyroid Association</b> 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 _____	
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 678-341-3081. If you **FAX** your form, please DO NOT MAIL. For registration questions, contact QMS:

E-mail: [ATA@prereg.net](mailto:ATA@prereg.net) Telephone: 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](http://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 on the ATA meeting site ([www.thyroid.org](http://www.thyroid.org)). Requests submitted by fax or e-mail before August 12, 2018, will receive a registration refund less \$150 USD or 50% processing fee (whichever amount is lower). Cancellation of Trainee and Guest registration are subject to a \$50 cancellation processing fee per registration if cancellation request received before August 12, 2018. Pre-meeting programming and optional ticketed sessions purchased are subject to a \$75 USD (each) cancellation processing fee. No refunds for registration or programming will be granted if submitted after August 12, 2018 (no exceptions). No refunds will be granted for no-shows.



All refunds will be processed 30 days after the conclusion of the 88<sup>th</sup> Annual Meeting of the ATA.

**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](http://www.thyroid.org)