



ATA REFUND REQUEST FORM

ATA 88th ANNUAL MEETING REFUND POLICY: Refund requests must be submitted using this ATA Refund Request Form. 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 88th Annual Meeting of the ATA.

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

REGISTRANT (or COMPANY NAME): _____
First Middle Last

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

ORIGINAL FORM OF PAYMENT: MC/VISA American Express Check Other _____

ORIGINAL PAYMENT: Personal Institution

NAME of the ORGANIZATION or INDIVIDUAL who originally paid the registration and is due the refund _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE/PROVINCE _____ ZIP CODE + 4 _____ COUNTRY - IF OUTSIDE US, INCLUDE COUNTRY/CITY CODE _____

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

REASON FOR CANCELLATION: _____

REQUEST SUBMITTED BY: _____
 Signature _____ Printed Name _____ Date _____

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

Send this form:

By email to: meetings@thyroid.org By fax to: 703-998-8893
By mail to: American Thyroid Association, 6066 Leesburg Pike, Suite 550 Falls Church, VA 22041 USA

Internal use: Form of Refund: MC VISA American Express Check # _____ Other _____

Date submitted: _____ *Original payment date:* _____ *Original payment:* _____

Approved: _____ *Amount due:* _____

