American Thyroid Association® (ATA®)
Ancillary, Satellite & EXPO Theater Events
REQUEST FORM

NOTE: All requests or questions must be submitted to the ATA at meetings@thyroid.org for consideration.

We are pleased to offer organizations the ability to hold expo theaters, ancillary meetings or events and satellite programs in conjunction with the ATA 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 or space. ATA will review requests and send confirmation of room assignments upon approval of activity and receipt of payment. All functions must follow the **ATA Ancillary-Satellite-Expo Theater Events Policy.** Please review policy before requesting space.

EVENT DETAILS:

Type of Event: ☐ Ancillary   ☐ Satellite   ☐ Expo Theater   ☐ 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 ATA meeting dates):

_____

Room Setup: ☐ Theater ☐ Conference ☐ Classroom ☐ Banquet ☐ Expo Theater (preset seating only) ☐ Other: _____

Number of ATA Annual Meeting attendees being invited: _____

Expected Number of Overall Attendees (please attach roster with names & affiliations if available; *Expo theaters seat 125 people max*.): _____

Is there a separate registration fee for attendees at this event?   ☐ YES   ☐ NO

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

Are your anticipated attendees planning to register and attend the ATA Annual meeting?   ☐ YES   ☐ NO

If no, why not (briefly explain)?_____
(NOTE: ATA requests that satellite/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 book or expo guide?   ☐ YES   ☐ NO

EVENT CONTACT INFORMATION:

Organizer Name: _____   Company: _____

Address: _____

City: _____   State/Province: _____   Country: _____   Zip/Postal Code: _____

Phone: _____   Fax: _____   Email (to receive all event correspondence): _____

Requesting Company's Website Address: _____

Once your event has been reviewed, approved and payment received, 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 and satellite events will be credited against ATA contract minimums (e.g., food and beverage, hotel reservations).* **To be listed in the ATA Meeting program book and expo guide, 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: Pricing for ATA Annual Meeting expo theaters, ancillary meetings and events and/or satellite programs is available in the 89th ATA Annual Meeting Ancillary-Satellite Events Policy and ATA THYROID EXPO 2019 Exhibitor Prospectus. 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 or vendor labor associated with earlier access requests), the organizer of the event will be held responsible and will be billed for these expenses by the facility or vendor, not the ATA. Checks and money orders for expo theaters, ancillary meetings or events and satellite programs 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 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. **Please view the ATA CANCELLATION POLICY available in the ATA Ancillary-Satellite-Expo Theater Events Policy before signing and submitting this request form.**

_____   _____
ORGANIZER'S NAME (please print clearly)   ORGANIZER'S SIGNATURE