ATA 89th ANNUAL MEETING REFUND POLICY: Refund requests must be submitted using this ATA Refund Request Form. Requests submitted by fax or e-mail on or before August 12, 2019, 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, 2019. 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, 2019 (no exceptions). No refunds will be granted for no-shows. All check refunds will be processed 30 days after the conclusion of the 89th 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: __________________

American Thyroid Association, 6066 Leesburg Pike, Suite 550, Falls Church, VA 22041
Phone: 703-998-8890   Fax: 703-998-8893   Email: meetings@thyroid.org   Website: www.thyroid.org