



American Thyroid Association® (ATA®)
ANNUAL MEETING
REFUND REQUEST FORM



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: _____

