



All requested information must be provided to process registration form. All fees are in U.S. dollars.

**A. ATTENDEE INFORMATION (please print clearly)**

1. Dr  2. Mr  3. Ms  4. Mrs GENDER:  Male  Female  Non-binary  Prefer not to answer

NAME: First Middle Last NICKNAME FOR BADGE

Professional degrees(s) (please select all that apply):  
 1. MD  2. PhD  3. MD, PhD  4. DO  5. RN  6. PA  7. NP  8. PharmD  9. Other \_\_\_\_\_

PROFESSIONAL TITLE: \_\_\_\_\_

ORGANIZATION/COMPANY \_\_\_\_\_

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: \_\_\_\_\_

ADA SPECIAL ACCOMMODATIONS OR NEEDS/FOOD ALLERGIES (Note: ATA will work to accommodate medical food allergies. We will take note of food and religious preferences in an effort to offer reasonable options.): \_\_\_\_\_

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

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

ATA will offer American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) credits for sessions at the 89<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). Participant data is governed by ABIM's Confidentiality Policy which may be found on the ABIM website. **Please note that attendees will be responsible for completing the course evaluation in order to claim credit. MOC points other than ABIM will not be offered.**

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 ABIM via the ACCME PARS system for the purpose of reporting MOC completion. I attest that the completed information is accurate. Please accept this as my signature.

**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 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 refunds will be processed 30 days after the conclusion of the 89<sup>th</sup> Annual Meeting of the ATA.

C. REGISTRATION CATEGORIES (Please select one)	ONLINE REGISTRATION RATES (Additional \$25 per application fee applies to paper submitted forms)
	FULL FEE (AFTER SEP 4)
<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)	\$940
<input type="checkbox"/> (MR) ATA MEMBER RESEARCHER (PHD ONLY)	\$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)	\$1340
<input type="checkbox"/> ATA TRAINEES (ASSOCIATE MEMBERS) FOCUS: <input type="checkbox"/> (AC) Clinical <input type="checkbox"/> (AB) Basic <input type="checkbox"/> (AS) Surgical	\$375
<input type="checkbox"/> NON-MEMBER TRAINEE/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="https://www.thyroid.org/thyroid-association-membership/trainee-membership/ata-training-verification-electronic-form/">https://www.thyroid.org/thyroid-association-membership/trainee-membership/ata-training-verification-electronic-form/</a>	\$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 to grant program—Requirements online at <a href="http://www.thyroid.org">www.thyroid.org</a> )	\$350
<input type="checkbox"/> (ATP) ADVANCED THYROID PROFESSIONAL (ATP) MEMBER	\$630
<input type="checkbox"/> (ATPN) NON-MEMBER ADVANCED THYROID PROFESSIONAL (ATPN) (Available to NP, PA, RN, PharmD and other non-MDs or PhDs)	\$705
<input type="checkbox"/> (P) PRESS (verification required)	\$0
DAILY REGISTRATION RATES (One selection only; select full registration for multiple day registration) Choose one option: <input type="checkbox"/> (T) 10/30-31-Wednes./Thurs. <input type="checkbox"/> (F) 11/1-Fri. <input type="checkbox"/> (S) 11/2-3-Sat./Sun.	\$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: _____	\$200
Exhibitors: All exhibitors should register using the separate ATA exhibitor registration site.	
<b>D. DEMOGRAPHICS (please answer all questions)</b>	
<b>1. I require or request a CME certificate for my attendance at this meeting. Please note that attendees will be responsible for completing the course evaluation in order to claim credit.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>2. I consider myself primarily</b> (please list or circle one): _____ 1. Clinician/Practitioner 2. Basic Scientist 3. Clinical Scientist 4. Educator/Teacher 5. Laboratory Investigator 6. Administrator 7. Registered Nurse/Nurse Practitioner/Physician Assistant 8. Other: _____	
<b>3. My work is best described as</b> (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: _____	
<b>4. My place of work is best described as</b> (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: _____	
<b>5. What are your membership affiliations (select all that apply):</b> <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. AHNS <input type="checkbox"/> 6.PES <input type="checkbox"/> 7.AACE <input type="checkbox"/> 8.SNMMI or EANM <input type="checkbox"/> 9.AACR <input type="checkbox"/> 10.ETA, LATS or AOTA <input type="checkbox"/> 10.ANA, AANP or AAPA <input type="checkbox"/> 11.Other (please specify): _____	
<b>6. How did you hear about the ATA Annual Meeting? ATA:</b> <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): _____	
<b>7. Do you plan to stay at the headquarters' hotel (Sheraton Grand Chicago) for the meeting? If no, where?</b> <input type="checkbox"/> YES, I plan to stay at the Sheraton Grand Chicago or available ATA overflow hotel <input type="checkbox"/> NO, I am a local attendee. I do not need a hotel reservation. <input type="checkbox"/> NO, I require a hotel, but do not plan to stay at an ATA contracted hotel. If no, where and why? _____	
<i>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.</i>	
<b>8. ATA Annual Meeting mobile app.</b> The ATA provides program, agenda and attendee contact information via the ATA annual meeting mobile APP. Please confirm that you approve of being listed in contacts and participating in this communication on the mobile APP for the ATA. You may also decline having your contact information listed by so indicating below. <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.	

**9. ATA Annual Meeting Lead Retrieval.** We would like to allow exhibitors to scan your badge and contact you post-meeting regarding their services and products. Please let us know if you would like your meeting badge to be scannable for this service.

YES, I would like to have my contact information available to ATA exhibitors during the meeting via badge scan.

NO, I would NOT like to have my contact information available to ATA exhibitors during the meeting via badge scan.

**10. ATA Annual Meeting Program Book.** The ATA would like to be environmentally conscious and reduce the number of printed large Program and Abstract books (300+ pages). We will continue to provide all registered attendees the smaller Meeting and Expo Guide book (~70 pages) and populate all of the necessary information with abstracts into the **Meeting Mobile App**. Please let us know your preference below.

YES, I would like to receive the large printed Program and Abstract book

NO, I would NOT like to receive the large printed Program and Abstract book. The smaller Meeting Expo Guide and Meeting mobile APP will suffice.

<b>E. SPECIAL ACTIVITY REGISTRATION</b> (please check all that apply)	<b>DATE AND TIME</b> (subject to change)	<b>RATES</b>
<input type="checkbox"/> (US1) Advanced Endocrine Neck Ultrasound Course (limited space; pre-registration required)	Wednesday, 10/30/2019 7:00 AM – 4:30 PM	\$479
Ridgway Trainee Conference Special Programming (Open to all unless otherwise noted)		
<input type="checkbox"/> (TTC) Ridgway Conference Full Day 1 Clinical (all trainee morning program with clinically focused afternoon component; \$200 fee for non-trainee health professionals interested in physiology, diagnosis and treatment of thyroid disease)	Wednesday, 10/30/2019 8:00 AM – 4:00 PM	\$200
<input type="checkbox"/> (TTB) Ridgway Conference Full Day 1 Basic (all trainee morning program with basic focus afternoon component; available to basic trainees only)	Wednesday, 10/30/2019 8:00 AM – 4:00 PM	\$0
<input type="checkbox"/> (TTB2) Ridgway Conference Day 1 Afternoon Only Basic (afternoon session geared toward basic scientists and researchers; trainee and non-trainees welcome with advanced sign up; trainees who sign up for TTB1 above should not sign up for TTB2 as well.)	Wednesday, 10/30/2019 1:00 PM – 4:00 PM	\$0
<input type="checkbox"/> (TTS) Surgical Program for Trainees (open to trainees only)	Thursday, 10/31/2019 8:50 AM – 11:45 AM	\$0
<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, 10/31/2019 1:45 PM – 3:15 PM	\$0
<input type="checkbox"/> (ACO) ATA Committee Meetings (open to active 2019 ATA committee members only)	Wednesday, 10/30/2019 2:45 PM – 4:00 PM	\$0
<input type="checkbox"/> (REC) ATA Opening Networking Reception (open to all registered attendees; badge required)	Wednesday, 10/30/2019 6:45 PM – 7:45 PM	\$0
<input type="checkbox"/> (WITN) Women in Thyroidology Business Meeting (open to registered attendees with sign up)	Thursday, 10/31/2019 7:00 AM – 8:00 AM	\$0
<input type="checkbox"/> (BUS) ATA Annual Business Meeting (open to ATA members only)	Thursday, 10/31/2019 6:10 PM – 7:10 PM	\$0
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, 11/1/2019 7:30 PM – 9:30 PM	\$100
<input type="checkbox"/> (BNF) Registered Trainee or Registered Trainee Spouse/Guest Annual Banquet Fee		\$75
<input type="checkbox"/> (BNQ) Non-Registered Attendee, Spouse/Guest, Press Banquet Fee		\$150
<input type="checkbox"/> (PED) ATA Pediatric Thyroid Forum Satellite Program: Update on Pediatric Thyroid Disease – (complimentary to registered attendees; fee for non-registered ATA meeting attendees)	Saturday, 11/2/2019 8:50 AM – 11:00 AM	\$75
<input type="checkbox"/> OPTIONAL - Donate to Ridgway Trainee’s Travel Fund!! Your funds will support program and travel costs for trainees to attend and participate at the ATA Annual Meeting.	Enter your optional, desired donation amount here.	_____

**F. DISCUSSION-DEBATES/MEET THE PROFESSOR WORKSHOPS (DD/MTP)**  
*First-come, first-served basis. Advance sign up is requested for planning purposes. Please note that all listings and presenters are subject to change.*

<b>THURSDAY, 10/31/2019, 5:10 PM – 6:00 PM</b> (please select only one option per time slot)	<b>FRIDAY, 11/1/2019, 4:50 PM – 5:45 PM</b> (please select only one option per time slot)
<input type="checkbox"/> (DM1) Thyroid Hormone Function: Aging and Genetics (A.N. Hollenberg, M. Medici, R. Peeters)	<input type="checkbox"/> (DM7) Controversies in Identifying RAI Refractory Thyroid Cancer (G.H. Daniels, D. Van Nostrand)
<input type="checkbox"/> (DM2) Systemic Therapy in Medullary Thyroid Cancer (N.L. Busaidy, M. Ryder, B. Robinson, L. Wirth, R. Elisei)	<input type="checkbox"/> (DM8) Molecular Testing of Indeterminate Thyroid Nodules (Z. Baloch, J.A. Sipos, L. Bischoff, S.A. Fish)
<input type="checkbox"/> (DM3) Remote Access Thyroid Surgery Update 2019: When? Why? How? (H.Y. Kim, V.E. Banuchi, E. Kandil, R.P. Tufano)	<input type="checkbox"/> (DM9) Side Effects of Immune Checkpoint Inhibitors (B. Konda, R. Dadu)
<input type="checkbox"/> (DM4) Genetics and Genomics Applied To Cancer/Molecular Prognostics and Therapeutics (Y. Nikiforov, S. Filetti, M. Xing, B. Mclver)	<input type="checkbox"/> (DM10) Surgical Management of Inherited Medullary Thyroid Cancer (E.G. Grubbs, H. Chen)
<input type="checkbox"/> (DM5) High Activity RAI Therapy: Effect on Fertility and Hematopoietic System (E. Robenshtok, L. Boucai, A. LaGreca)	<input type="checkbox"/> (DM11) Graves’ Disease Panel Discussion (L. Bartalena, T.J. Smith, M.C. Singer, G. Kahaly)
	<input type="checkbox"/> (DM12) Thyroid and Pregnancy (E.K. Alexander, A. Stagnaro-Green)

**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 2019 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 2019 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.

### ATA Annual Meeting Data Privacy

The information that you share with us via the American Thyroid Association® (ATA) registration website WILL NOT be shared with or sold to any third-party outside of the ATA. However, ATA staff may share this information with other necessary ATA vendors listed in the bullets below for sole use in matters related to ATA, all of whom have agreed to appropriate data protection and data security measures. Information submitted here will be used/stored for the following internal purposes only.

- Registration Platform—Contact information submitted through this platform is only used for purposes of your ATA registration.
- Abstract Management Portal—This information is only used for purposes related to your role as a poster presenter/speaker/chair or Program Committee member.
- Faculty Management System—This information is only used for purposes related to your role as a speaker/chair/moderator/introducer or Program Committee member.
- CRM (Customer Relationship Management)—Information submitted through the ATA registration website is stored in our internal ATA database for the sole purpose of historical ATA record-keeping.
- ATA Mobile App—Information will be imported into the ATA mobile app, but you will have full privacy control and will be able to prevent your information from being seen by others if you so choose when you log into the mobile app. If the privacy settings are left open, the information will be visible ONLY to other conference attendees.
- Housing Platform—Contact information submitted through this platform is only used for purposes of your ATA Annual Meeting hotel reservation.

Yes, I consent to have all the information I enter into the ATA registration website stored and used as described above.

No, I do not consent to have my information stored in the ATA registration website and used as described above. (I realize that choosing this option will prevent me from using the ATA registration website and that I will be contacted by ATA staff for alternate options.)

G. TOTAL FEES (please total each line item if more than one; all rates are listed in U.S. Dollars):			
EVENTS	Enter Rate (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		\$
Special Activity with Fee Registration # 1 – Please list course code from Section E of form: _____			
Special Activity with Fee Registration # 2 – Please list course code from Section E of form: _____			
Special Activity with Fee Registration # 3 – Please list course code from Section E of form: _____			
Annual Banquet Fee. Please indicate ticket options: <input type="checkbox"/> (BAN) Registered Attendee or Registered Spouse/Guest (\$100 per ticket) <input type="checkbox"/> (BNF) Registered trainee or trainee spouse/guest (\$75 per ticket) <input type="checkbox"/> (BNQ) Non-registered attendee, Spouse/Guest or Press (\$150 per ticket)			\$
Purchase available recorded content (Please note that ATA will capture a limited number of presentations of those faculty members who consent to have their talks recorded. We will not capture all meeting content. A list of available recorded sessions will be provided post meeting. Please note parameters before agreeing to purchase.)			\$
Optional Ridgway Trainee's Travel Fund Donation. Funds support programming and travel costs for trainees to attend and participate at the ATA Annual Meeting.			\$
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>

H. ATA 89 <sup>th</sup> ANNUAL MEETING 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	
_____	_____	
<i>NOTE: Your signature authorizes the ATA to charge your credit card for the total payment above. ATA reserves the right to charge the correct amount if found to be different from the amount of all items selected on this form and the total payment amount listed above.</i>		

**FAX** your completed form to 678-341-3099. If you **FAX** your form, please DO NOT MAIL. For registration questions, contact QMS at [ATA@prereg.net](mailto:ATA@prereg.net) or call 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. **See refund policy on page 1 of this form. Please keep a copy of this form for your records.**