



REFUND REQUEST FORM

ATA REFUND POLICY: Refund requests must be submitted using the ATA Refund Request form available on the ATA meeting site (<https://www.thyroid.org/2023-annual-meeting/registration/>). Requests submitted by e-mail on or before July 21, 2023, will receive a registration refund less \$150 USD or 50% processing fee (whichever amount is lower). Cancellation of Trainee and Guest registrations are subject to a \$50 cancellation processing fee per registration if cancellation request received before July 21, 2023. Pre-meeting programming and optional ticketed sessions purchased are subject to a \$75 USD (each) cancellation processing fee if received before July 21, 2023. No refunds for registration or programming will be granted if submitted after July 21, 2023 (no exceptions). No refunds will be granted for no-shows. Registrations are not transferrable. All refunds will be processed 30 days after the conclusion of the 2023 ATA Annual Meeting. Refunds will not be given for the difference between the in-person registration fee and the ATA Session Recordings option if a registrant is unable to attend the in-person meeting and it is after the July 21, 2023 cancellation deadline. No-shows may not transfer their registrations to the ATA Session Recordings option. All requested information must be provided to process a refund. All fees are in U.S. dollars. **Email completed form to meetings@thyroid.org**

REGISTRANT (or COMPANY NAME): _____

First

Middle

Last

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

ORIGINAL FORM OF PAYMENT: ☐ MC/VISA ☐ American Express ☐ Discover ☐ 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 _____

REASON FOR CANCELLATION:

REQUEST SUBMITTED BY:

Signature _____ Printed Name _____ Date _____

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

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

Date submitted: _____ Original payment date: _____ Original payment: \$ _____

Approved: _____ Amount due: \$ _____



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