



Registration Form

ThyCa Conference October 19-21, 2018

Registrant's Information: (Please Print) Today: Friday Saturday Sunday

Name: Mr. Mrs. Ms. Dr. **First Name** _____ **Last Name** _____

Mailing Address: _____

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

E-mail: _____

Phone: Day _____ Evening _____

Include all the information above in the Conference Directory Leave me out of the Directory

Include only my name plus mailing address day phone evening phone e-mail address

OPTIONAL: Type of cancer (check all that apply): Papillary Follicular Medullary Anaplastic Caregiver

Pediatric Medical Professional First Time Attendee

How did you learn about the Conference? _____ How did you learn about ThyCa? _____

CONFERENCE REGISTRATION FEE:	
<input type="checkbox"/> \$50 Full Fee	\$
If you cannot afford the fee, please check here to request a scholarship	

OPTIONAL	
MEMBERSHIP in ThyCa: Thyroid Cancer Survivors' Association, Inc.	
<input type="checkbox"/> New Member <input type="checkbox"/> Membership Renewal	
<input type="checkbox"/> \$25 Annual Member <input type="checkbox"/> \$45 Two-Year Member <input type="checkbox"/> \$225 Lifetime Member	\$

SATURDAY EVENING DINNER/AUCTION to raise funds for Thyroid Cancer Research Number of tickets <input type="checkbox"/> at \$50 per ticketTotal for Dinner/Auction Tickets.. Please list names of all dinner attendees- _____ Do you want separate bid numbers issued for each attendee? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
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DONATION to ThyCa for Outreach and Support. Tax Deductible.....	\$
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TOTAL AMOUNT: Registration + Optional Items (U.S. Dollars) Received by: _____ PAYMENT METHOD: Check # _____ Amex _____ Visa _____ MasterCard _____ Discover Cash	\$
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