



**Registration Form**

**22nd International Thyroid Cancer Survivors' Conference**

October 18-20, 2019 Doubletree by Hilton Denver Hotel, 3203 Quebec Street, Denver, CO 80207

**Mail this form and credit card information or check/money order in U.S. dollars to:**

**ThyCa Conference Registration, P.O. Box 1102, Olney MD 20830-1102**

1. *Please Print.* Make a separate copy of this form for each additional family member or guest, or use the online form
2. *Deadlines:* For Early Bird Discount, mail by September 18, 2019, or Regular Fee, mail by October 4, 2019. Register online by October 11, 2019 or bring this form with you and register at the conference.

**Registrant's Information (Complete this section as you would like your name tag to appear)**

**Name:** First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Email:** \_\_\_\_\_

**Optional:** Date of Diagnosis \_\_\_\_\_ Papillary\_\_ Follicular\_\_ Medullary\_\_ Anaplastic\_\_ Variant \_\_\_\_\_

Type of Attendee: \_\_\_ Survivor \_\_\_ Caregiver \_\_\_ Medical Professional

**Conference Directory** (distributed to attendees after the conference): \_\_\_ Include all the information above

\_\_\_ Include type of thyroid cancer \_\_\_ Include diagnosis date \_\_\_ Include only my name \_\_\_ Include only my

name and address \_\_\_ Include only my name and email address \_\_\_ Leave me out of the directory

\_\_\_ Check here if you have a disability or food allergy which may require special accommodations. Please indicate, \_\_\_\_\_

**Conference Registration Fee** (The registration fee helps pay for some conference costs such as printing and postage)

Early Bird (mail by Sept.18) \$40.00 \$ \_\_\_\_\_

Regular Fee (mail by Oct. 4) \$50.00 \$ \_\_\_\_\_

**Lunches** (Includes your choice of sandwich/salad/wrap and 12 oz water/soda. Mark the number for each day.)

**Friday** \_\_\_ **Saturday** \_\_\_ **Sunday** \_\_\_

**# of Lunches at \$15.00 ea.** \_\_\_\_\_ \$ \_\_\_\_\_

**Saturday Evening Dinner/Auction** (October 19, 2019 to raise funds for Thyroid Cancer Research)

\_\_\_\_\_ Number of Tickets at \$50.00 per ticket \$ \_\_\_\_\_

Guest Names: \_\_\_\_\_

**Conference T-Shirt** (Available only as a pre-order, will not be available to purchase at conference)

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large \_\_\_ XXX-Large \_\_\_ Other

(Small, Medium, Large, X-Large - \$18.00 ea., XX-Large - \$20.00 ea., Larger - \$22.00 ea.) \$ \_\_\_\_\_

**Optional:**

**Membership** \_\_\_ \$25 Annual Member \_\_\_ \$45 Two-year Member \_\_\_ \$225 Lifetime Member \$ \_\_\_\_\_

**Donation** to ThyCa for Outreach, Support, and Research. Tax Deductible \$ \_\_\_\_\_

**Total Amount (include all totals in this amount)** \$ \_\_\_\_\_

**Payment Method:** My check payable to ThyCa is enclosed – Check # \_\_\_\_\_

Please charge my \_\_\_ Amex \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_