

## **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.

Optional: Date of Diagnosis	<b>Registrant's Information (Comparison (Comparison )</b>	plete this so	ection as you would lil	ke your name tag to a	appear)
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  Include only my name Include only my name Include only my name Include only my name and 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 XX-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 Master	Name: First	Last		Title	
Optional: Date of Diagnosis Papillary Follicular Medullary Anaplastic Variant Type of Attendee: Survivor Caregiver Medical Professional Include all the information above Include type of thyroid cancer Include diagnosis date Include only my name Include only my name and 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	Mailing Address:				
Optional: Date of Diagnosis Papillary Follicular Medullary Anaplastic Variant Type of Attendee: Survivor Caregiver Medical Professional Include all the information above Include type of thyroid cancer Include diagnosis date Include all the information above Include type of thyroid cancer Include diagnosis date Include only my name Include only my name and 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	City:	State:	Postal Code:	Country: _	
Optional: Date of Diagnosis Papillary Follicular Medullary Anaplastic Variant Type of Attendee: Survivor Caregiver Medical Professional Include all the information above Include type of thyroid cancer Include diagnosis date Include only my name Include only my name and 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	Phone: Cell	Home		Work	
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 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	Email:				
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 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	Optional: Date of Diagnosis	Papillary_	Follicular _ Medulla	ry AnaplasticV	ariant
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 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 \$	Type of Attendee: Survivor C	aregiver	_ Medical Professional		
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 Directory (distributed to	attendees a	fter the conference):	_ Include all the infor	mation above
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	Include type of thyroid cancer	_ Include di	agnosis date Includ	de only my name	Include only my
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 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	name and address Include only m	y name and	email address Lea	ve me out of the direc	tory
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 S	Check here if you have a disability	or food all	ergy which may require	e special accommodat	ions. Please
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.   Baturday Evening Dinner/Auction (October 19, 2019 to raise funds for Thyroid Cancer Research)  Number of Tickets at \$50.00 per ticket \$  Conference T-Shirt (Available only as a pre-order, will not be available to purchase at conference)  Small Medium Large X-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	indicate,				
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 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 XXX-Large TXXX-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	<b>Conference Registration Fee</b> (T	he registration	n fee helps pay for some cor	nference costs such as prin	ting and postage)
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 \$					
# of Lunches at \$15.00 ea \$	Lunches (Includes your choice of sa	ndwich/sala	ad/wrap and 12 oz wate	er/soda. Mark the num	ber for each day.
# of Lunches at \$15.00 ea \$	` <u> </u>		-		
Saturday Evening Dinner/Auction (October 19, 2019 to raise funds for Thyroid Cancer Research)		_			
Saturday Evening Dinner/Auction (October 19, 2019 to raise funds for Thyroid Cancer Research)			# of Lunche	s at \$15.00 ea	\$
Number of Tickets at \$50.00 per ticket \$					
Number of Tickets at \$50.00 per ticket \$	Saturday Evening Dinner/Auc	tion (Octol	per 19, 2019 to raise fur	nds for Thyroid Cance	er Research)
Guest Names:  Conference T-Shirt (Available only as a pre-order, will not be available to purchase at conference)  SmallMediumLargeX-LargeXXX-LargeXXX-LargeOther  (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 myAmexVisaMastercardDiscover	~				
Conference T-Shirt (Available only as a pre-order, will not be available to purchase at conference)  _SmallMediumLargeX-LargeXX-LargeXXX-LargeOther (Small, Medium, Large, X-Large - \$18.00 ea., XX-Large - \$20.00 ea., Larger - \$22.00 ea.) \$	Guest Names:			so at \$20.00 per tremet	Ψ
		 nlv as a nre-	order will not be avail	able to nurchase at co	nference)
(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 myAmexVisaMastercardDiscover	· ·	•	-	*	interence)
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 myAmexVisaMastercardDiscover					\$
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 myAmexVisaMastercardDiscover		5.00 <b>ca.</b> , 2 <b>t</b> 2	1 Large \$20.00 ca., L	urger Ψ22.00 ca.)	Ψ
Total Amount (include all totals in this amount)  Payment Method: My check payable to ThyCa is enclosed – Check #  Please charge myAmexVisaMastercardDiscover		r \$45 Tx	vo-vear Member \$2	225 Lifetime Member	\$
Please charge myAmexVisaMastercardDiscover					\$
Please charge myAmexVisaMastercardDiscover		_			<b>\$</b>
Please charge myAmexVisaMastercardDiscover	•			()	Ψ
		•			
				VC	
Card #ExpCVC Name as it appears on the Card:	Name as it annears on the Caro	1.	СлрС	v C	
Signature:		··			