

# Registration Form

## 12th International Thyroid Cancer Survivors' Conference

October 16-18, 2009 • Sheraton Ferncroft Hotel, Danvers, Massachusetts  
www.thyca.org

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

ThyCa Conference Registration, P.O. Box 2327, Allen, TX 75013

1. Please Print. Make a separate copy of this form for each additional family member or guest. (Online registration form also available)
2. Deadlines: For Early-Bird Discount, postmark by September 16, 2009. By October 1 for other mailed registrations at the regular fee. After Oct. 1, bring this form with you to the conference. You're welcome to register on-site at the conference.

**Please tell your friends and relatives about the conference, also! Help spread the word!**

**REGISTRANT'S INFORMATION:**

(Complete this section as you would like your name-tag to appear):

Name: First \_\_\_\_\_ Last \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

- Include all the information above in the Conference Directory   
  Include type of thyroid cancer   
  Include diagnosis date  
 Include only my name   
  Include only my name and mailing address   
  Include only my name and e-mail address  
 Leave me out of the Conference Directory

OPTIONAL: Date of diagnosis \_\_\_\_\_ Type of cancer (check all that apply)   
 Papillary   
 Follicular   
 Medullary  
 Anaplastic   
 Variant \_\_\_\_\_   
 Notes \_\_\_\_\_

Check here if you have a disability and may require accommodation to fully participate. Please indicate: \_\_\_\_\_

**CONFERENCE REGISTRATION FEE** .....\$ \_\_\_\_\_

**Early-Bird Discount** (Postmark by September 16)

(Or register online by Sept. 16 for early-bird discount)

- \$45 Full Fee
- \$35 Annual ThyCa Member
- \$30 Lifetime ThyCa Member
- \$25 Guest (Family/Caregiver)
- \$25 for One-Day Attendance

*The registration fee helps pay conference costs such as printing and postage. ThyCa does not profit from registration fees.*

**Regular Fee** (After September 16)

(Mail by Oct. 1, or register online by Oct. 8, or on site at the conference)

- \$50 Full Fee
- \$40 Annual ThyCa Member
- \$35 Lifetime ThyCa Member
- \$30 Guest (Family/Caregiver)
- \$30 for 1-Day Attendance - Which day?  Fri  Sat  Sun

If you cannot afford the fee, please check here to request a scholarship to cover the registration fee \_\_\_\_\_

**OPTIONAL:**

• **MEMBERSHIP** in ThyCa: Thyroid Cancer Survivors' Association, Inc. ....\$ \_\_\_\_\_

Fill out and enclose the Membership Form from the ThyCa web site at www.thyca.org

New Member   
 Membership Renewal   
 \$25 Annual Member   
 \$45 Two-Year Member   
 \$225 Lifetime Member

• **SATURDAY EVENING DINNER/AUCTION**, Oct. 17, 2009, to raise funds for Thyroid Cancer Research

Number of tickets \_\_\_\_\_ at \$50 per ticket ..... Total for Dinner/Auction Tickets..\$ \_\_\_\_\_

Please list names of your guests: \_\_\_\_\_  
 Do you want separate bid numbers for your guests?  Yes  No

• **MY TRIBUTE MESSAGE** in the Program Book (Use Tribute Message form on web site) .....\$ \_\_\_\_\_

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

**TOTAL AMOUNT:** Registration + Optional Items (U.S. Dollars) .....\$ \_\_\_\_\_

**PAYMENT METHOD:**  My check payable to ThyCa is enclosed  
 Please charge my  Visa  Mastercard  Discover (DEBIT CARDS NOT ACCEPTED)  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Name as it appears on the Card \_\_\_\_\_  
 Signature \_\_\_\_\_

If I have overpaid, please consider my overpayment a tax-deductible donation to ThyCa.

Please confirm my registration by e-mail. OR  by mail (using the enclosed stamped, self-addressed envelope).

Topics I'd most like included in the conference program: \_\_\_\_\_

How I heard about the conference \_\_\_\_\_

How I heard about ThyCa \_\_\_\_\_