Registration Form
11th International Thyroid Cancer Survivors’ Conference
October 17-19, 2008 • Sheraton Westport Hotel/Lakeside Chalet, St. Louis, Missouri
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 17, 2008. By October 3 for other mailed registrations at the regular fee. After Oct. 3, 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______________________________________

CONFERENCE REGISTRATION FEE.............................................................................................$_____
Early-Bird Discount (Postmark by September 17) Regular Fee (After September 17)
(Or register online by Sept. 17 for early-bird discount) (Mail by Oct. 3, or register online by Oct. 10, or on site at the conference)
$45 Full Fee $50 Full Fee
$35 Annual ThyCa Member $40 Annual ThyCa Member
$30 Lifetime ThyCa Member $35 Lifetime ThyCa Member
$25 Guest (Family/Caregiver) $30 Guest (Family/Caregiver)
$25 for One-Day Attendance $30 for 1-Day Attendance - Which day?__Fri __Sat __Sun
The registration fee helps pay conference costs such as printing and postage. ThyCa does not profit from registration fees.
If you cannot afford the fee, please check here to request a scholarship to cover the registration fee ___

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

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