



# Registration Form

## 19th International Thyroid Cancer Survivors' Conference

October 21-23, 2016 • Hilton Los Angeles Airport Hotel, 5711 West Century Blvd., Los Angeles, CA

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 1102, Olney, MD 20830-1102

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 21, 2016, or Regular Fee, mail by October 7, 2016, or register online by October 14, 2016, or bring this form with you to the conference to register on site.

**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: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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 \_\_\_\_\_  Caregiver

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

**CONFERENCE REGISTRATION FEE** (The registration fee helps pay for some conference costs such as printing and postage) \$ \_\_\_\_\_

	<b>Early-Bird Fee</b> (Mail by Sept. 21)	<b>Regular Fee</b> (After Sept. 21)
Full Fee	\$45	\$50
Annual ThyCa	\$35	\$40
Member Lifetime	\$30	\$35
ThyCa Member Guest	\$25	\$30
One-Day Attendance	\$25	\$30

Check here to request a scholarship to cover the registration fee \_\_\_\_\_

### OPTIONAL:

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

\$25 Annual Member  \$45 Two-Year Member  \$225 Lifetime Member

• **LUNCHES** must be ordered using the Lunch Order Form.

• **SATURDAY EVENING DINNER/AUCTION**, October 22, 2016, 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: \_\_\_\_\_

• **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  Check # \_\_\_\_\_  
 Please charge my  Amex  Visa  MasterCard  Discover  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Name as it appears on the Card \_\_\_\_\_  
 Signature \_\_\_\_\_

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

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

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