

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 _____

____ 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 17)

(Or register online by Sept. 17 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 17)

(Mail by Oct. 3, or register online by Oct. 10, 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. 18, 2008, 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 _____