



Registration Form

20th International Thyroid Cancer Survivors' Conference

• October 6-8, 2017 •

Doubletree by Hilton Baltimore - BWI Airport, 890 Elkridge Landing Road, Linthicum Heights, MD 21090

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 6, 2017, or Regular Fee, mail by September 22, 2017,

or register online by September 29, 2017, 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 _____ Cell _____

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) \$ _____

Early-Bird Fee	Regular Fee
(Mail by Sept. 6)	(After Sept. 6)

Registration Fee	\$40	\$50
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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 7, 2017, 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. _____ CVC _____

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 _____