

16th Workshop on Resistance to Thyroid Hormone and Action
Ponta Delgada 1-4 September 2026
Registration form

Full Name _____
Title / Designation _____
Affiliation / Hospital / Organization _____
Department _____
Email Address _____
Phone Number (+int. code) _____
Mailing Address _____

Passport nº _____ **Issued by (country)** _____
Arrival time _____ **Flight nº** _____ **Company** _____
Departure time _____ **Flight** _____ **Company** _____
Dietary Constraints: _____
Special Assistance / Accommodations Required? ☐ Yes ☐ No
If yes, please specify: _____
Room type: Single _____ Double _____ **Want to share room ?** _____
Accompanying person name _____
Payment Method (if applicable) ☐ Credit Card ☐ Bank Transfer ☐ Cash ☐ Other
Transaction / Reference Number _____

Consent & Acknowledgment

I agree to receive updates and notifications related to this medical meeting.
I consent to photography/video recordings for educational and promotional purposes.
I confirm that the information provided is accurate and complete.

Signature: _____
Date: _____