

An AACR Special Conference

ADVANCES IN BREAST CANCER RESEARCH

October 17-20, 2015 • Hyatt Regency Bellevue • Bellevue, WA

REGISTRATION FORM

Advance Registration Deadline:
September 4, 2015

Register online at **www.AACR.org**

Name and Address Information

☐ AACR Membership # _____ ☐ Nonmember

Dr.
Mr.
Ms.

Last/Family Name _____

First Name/Middle Initial _____

Degree (check all that apply): ☐ PhD ☐ MD ☐ PharmD ☐ DSc
☐ Other (specify) _____

Title/Position _____

Department/Division _____

Institution _____

Street/Building or Post Office Box _____

City/State or Province _____

Zip or Postal Code/Country _____

Telephone _____ Fax _____

Email _____

Spouse/Guest's name, if registering _____

Emergency Contact Name _____ Phone _____

☐ New address. Please change my AACR mailing information.



☐ If you will require special accommodations, please specify: _____

Scientific Research Focus: ☐ Basic ☐ Translational ☐ Clinical

☐ Population Science ☐ Behavioral Science

Primary Area of Research (check only one):

- | | |
|--|--|
| ☐ Behavioral Science | ☐ Genetics and Genomics |
| ☐ Biochemistry and Biophysics | ☐ Immunology |
| ☐ Biostatistics | ☐ Molecular Biology |
| ☐ Carcinogenesis | ☐ Preclinical Pharmacology and Experimental
Molecular Therapeutics |
| ☐ Cellular Biology | ☐ Prevention Research |
| ☐ Chemistry | ☐ Radiation Oncology/Radiation Biology |
| ☐ Clinical Investigations/Clinical Trials | ☐ Research Administration/Business Development |
| ☐ Computational Biology | ☐ Tumor Biology |
| ☐ Endocrinology | ☐ Virology |
| ☐ Epidemiology | |
| ☐ Other _____ | |

Institution Type (check only one):

- | | |
|--|---|
| ☐ Academia | ☐ Hospital/Medical Center/Clinic |
| ☐ Association/Professional Organization | ☐ Industry/Private Sector |
| ☐ Cancer Center (NCI-designated) | ☐ Nonprofit Research Institute |
| ☐ Foundation/Advocacy Organization | ☐ Other _____ |
| ☐ Government | ☐ Other Cancer Center |

Race or Ethnic Background (check only one):

- ☐ Caucasian ☐ African American or Black ☐ Hispanic or Latino ☐ Asian
☐ Native American ☐ Alaskan Native ☐ Native Hawaiian or Pacific Islander
☐ Other _____

Gender: ☐ Male ☐ Female

Information concerning gender and ethnic background is solicited to enable the association to ensure that its programs are appropriately serving all members of the cancer research community.

Registration Rates

Please circle the appropriate rate(s):

	Advance Registration Until September 4	Regular Registration After September 4
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 715	\$ 890
Associate (REGS) and Emeritus (REGE)	\$ 465	\$ 605
Student (REGU)		
(Undergraduate and High School)	\$ 150	\$ 150
Patient Advocate	\$ 250	\$ 350
Nonmembers		
Academic, Government, and Not-for-Profit Institutions (NNP)	\$ 935	\$1,075
Industry (NIN)	\$1,125	\$1,225
Pre-/Postdoctoral Student (STU)*	\$ 550	\$ 680
Patient Advocate**	\$ 350	\$ 450
Spouse/Guest	\$ 200	\$ 200
(no admittance to lecture sessions)		

Total Enclosed or Charged U.S.\$ _____

Refund Policy: Requests for refunds must be made in writing. There will be a \$75 processing fee for cancellations before September 18, 2015. After September 18, 2015, no refunds can be given.

Financial Support for Attendance

AACR is pleased to provide financial assistance to eligible investigators for participation in this conference, subject to availability of funding. Additional information, including award application instructions, is available on the Financial Support for Attendance webpage for this conference.

Method of Payment

☐ Check or money order enclosed, payable to American Association for Cancer Research, drawn on a U.S. bank.

☐ VISA ☐ MasterCard ☐ American Express

Card# _____ Expiration Date _____

Print Name of Cardholder _____

Signature of Cardholder _____

Registration fees are payable in U.S. dollars only. Personal checks are acceptable if payable through a U.S. bank.

*Nonmember Predoctoral Student/Postdoctoral or Clinical Fellow Certification

"I certify that the above named person is presently enrolled at this University and working toward a degree or fellowship in a field related to cancer research."

Name (Registrar, Dean, or Dept. Head) _____

Signature (Registrar, Dean, or Dept. Head) _____

Title _____

University _____

**If you are a Patient Advocate registering for this conference, you must send a biography and pamphlet of your organization to the AACR Survivor and Patient Advocacy Department at advocacy@aacr.org for verification.

Return to:

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AACR

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