

11th AACR-JCA Joint Conference on

BREAKTHROUGHS IN CANCER RESEARCH: BIOLOGY TO PRECISION

February 8-12, 2019 | Westin Maui | Maui, HI

REGISTRATION FORM

Advance Registration Deadline:
December 18, 2018

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

☐ I want to receive information related to conferences and other services or programs affiliated with the AACR.

Name and Address Information

☐ AACR Membership # _____ ☐ Nonmember ☐ JCA Member
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: _____

Registrant Profile (*required)

Major Focus* (please check only one):

- | | | |
|---|---|--|
| ☐ Basic Science | ☐ Population Science | ☐ Science Education |
| ☐ Translational Research | ☐ Clinical Practice | ☐ Business Development |
| ☐ Clinical Research | ☐ Advocacy | ☐ Research Administration |
| ☐ Other (please specify) _____ | | |

Research Areas of Expertise/Interest* (select all that apply):

- | | | |
|---|--|---|
| ☐ Behavioral Science | ☐ Epidemiology | ☐ Pathology |
| ☐ Biochemistry and Biophysics | ☐ Epigenetics | ☐ Pediatric Oncology |
| ☐ Biostatistics in Clinical Trials | ☐ Experimental and Molecular Therapeutics | ☐ Pharmacology |
| ☐ Bioinformatics and Computational Biology | ☐ Genetics | ☐ Prevention and Interception Research |
| ☐ Cancer Disparities Research | ☐ Genomics/Proteomics/Other -Omics | ☐ Radiation Science and Medicine |
| ☐ Carcinogenesis | ☐ Geriatric Oncology | ☐ Surgical Oncology |
| ☐ Cell Biology | ☐ Hematology | ☐ Survivorship Research |
| ☐ Chemistry | ☐ Immunology and Immuno-Oncology | ☐ Systems Biology and Convergence |
| ☐ Clinical Research/Clinical Trials | ☐ Molecular Biology | ☐ Tumor Biology |
| ☐ Diagnostics and Biomarkers | | ☐ Virology |
| ☐ Endocrinology | | |
| ☐ Other (please specify) _____ | | |

Work Setting* (please check only one):

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

Race or Ethnic Background (check only one):

- | | | | |
|---|------------------------------------|---|--|
| ☐ African American or Black | ☐ Asian | ☐ Hispanic or Latino | ☐ Native Hawaiian or Pacific Islander |
| ☐ Alaskan Native | ☐ Caucasian | ☐ Native American | |
| ☐ Other (please specify) _____ | | | |

Gender: ☐ Male ☐ Female

Information concerning gender and ethnic background is requested only to enable the AACR to ensure that its programs are serving all members of its diverse cancer research community.

Registration Rates

Please circle the appropriate rate(s):

	Advance Registration Until December 18	Regular Registration After December 18
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 850	\$1,050
Associate (REGS)	\$ 530	\$ 685
Emeritus (REGE)	\$ 530	\$ 685
Student (REGU)		
(Undergraduate and High School)	\$ 150	\$ 150
Patient Advocate	\$ 250	\$ 350
JCA Members		
JCA Member	\$ 850	\$1,050
JCA Pre-/Postdoctoral Student	\$ 530	\$ 685
Nonmembers		
Academic, Government, and Not-for-Profit Institutions (NNP)	\$1,125	\$1,285
Industry (NN)	\$1,355	\$1,475
Pre-/Postdoctoral Student (STU)**	\$ 645	\$ 790
Patient Advocate†	\$ 350	\$ 450
Spouse/Guest (no admittance to lecture sessions)	\$ 200	\$ 200

Total Enclosed or Charged U.S.\$

**Nonmember Pre/Postdoctoral Student or Fellow registrants must have their Registrar, Dean, or Department Head certify that they are enrolled at the university and working toward a degree or fellowship in a field related to cancer research.

†If you are a Nonmember 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.

Refund Policy: Requests for refunds must be made in writing. There will be a \$75 processing fee for cancellations until January 9, 2019. After January 9, 2019, 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# _____ CSC/CVV# _____ 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 in the following category and working toward a degree or fellowship in a field related to cancer research."

☐ Graduate Student ☐ Medical Student ☐ Resident ☐ Clinical Fellow ☐ Postdoctoral Fellow

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

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

Title _____

University _____

Email _____

Return to:

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