Registrant Information (*required)

Is this a new address that should be updated in the AACR database?*
❑ Yes ❑ No

Are you an AACR Member?* ❑ Yes ❑ No Membership # _____

❑ Dr. ❑ Mr. ❑ Ms.

Highest Degree* (check all that apply): ❑ MD ❑ PhD ❑ PharmD ❑ DSc
❑ Other (specify) _____

Last/Family Name* First Name/Middle Initial*

Position/Title*

Department/Division*

Institution/Company*

Street Address*

City* State or Province* Zip/Postal Code*

Country* (if not U.S.)

Work Phone* Cell Phone

Email Address*

Assistant's Name

Assistant's Email Address

Emergency Contact* Telephone*

❑ Check this box if you require special accommodations to fully participate in the meeting. Describe briefly below:

_____

_____

Nonmember Predoctoral Student/ Postdoctoral and Clinical Fellow Section

This section must be completed if you wish to register as a nonmember predoctoral student, postdoctoral student, or clinical fellow. Forms without certification will not be processed. Individuals may be contacted for verification.

NONMEMBER PREDOCTORAL STUDENT/POSTDOCTORAL AND CLINICAL FELLOW CERTIFICATION

I certify that the above-named student is presently enrolled at this institution and working toward a doctoral degree in a field related to cancer research.

❑ Graduate Student ❑ Postdoctoral Fellow

❑ Medical Student ❑ Clinical Fellow

Name (Registrar, Dean, or Dept. Head)

Signature (Registrar, Dean, or Dept. Head)

Title/Department

Institution

Email Address

Registrant Profile

(*required)

Major Focus* (please check only one):

❑ Basic Science
❑ Translational Research
❑ Clinical Research
❑ Population Science
❑ Clinical Practice
❑ Advocacy
❑ Science Education
❑ Business Development
❑ Research Administration
❑ Other (please specify): _____

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

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

Work Setting* (please check only one):

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

Race or Ethnic Background (check only one):

❑ African American or Black
❑ Alaskan Native
❑ Asian
❑ Caucasian
❑ Hispanic or Latino
❑ Native American
❑ Native Hawaiian/Pacific Islander
❑ 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.

❑ AACR will add you to our email list to receive information on cancer research-related programs, publications, and events. Check here if you do not wish your email address to be added to our list.

20th Annual Grant Writing Workshop

(exclusive member benefit)

Saturday, April 1, 12:00 p.m.–5:00 p.m.

Preregistration for this annual five-hour workshop, aimed towards graduate students, medical students and residents, and clinical and postdoctoral fellows with limited or no grant writing experience, is strongly encouraged. (Please check the appropriate box under Other Products and Services.) See page 14 for details.

Proceedings of the AACR

Print *Proceedings*. The *Proceedings* and the Itinerary Planner will be available free online approximately one month prior to the meeting. Registrants who wish to purchase a print *Proceedings* must check the appropriate box under Other Products and Services. Registrants can pick up a copy of the print *Proceedings* onsite at a cost of $50; alternatively, registrants in the U.S. can have a copy of the print *Proceedings* mailed to them at a cost of $65 (mailed copies must be ordered by February 12, 2017).

***Proceedings* Available on Flash Drive for Purchase.** The Annual Meeting *Proceedings* on Flash Drive is only available for purchase. To obtain a copy of the Flash Drive at the meeting, you must check the appropriate box under Other Products and Services. (Order by February 12, 2017 to guarantee availability.) The cost of the Flash Drive is $15.

AACR Foundation

I would like to make a tax-deductible gift to support the work and mission of the AACR.

❑ $25 ❑ $50 ❑ $100 ❑ $200

To learn more about how you can donate to the AACR Foundation to fund education and research, contact mitch.stoller@aacr.org.

Method of Payment

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

❑ VISA ❑ MasterCard ❑ American Express

Card Number _____ Expiration Date _____

Signature _____

To register online, visit: www.AACR.org/AACR2017

Or return this form by

Mail: AACR Annual Meeting 2017
CompuSystems
2651 Warrenville Rd. • Suite 400
Downers Grove, IL 60515

Fax: 708-344-4444

AACR Annual Meeting Registration Rates

New! Registration includes full individual access to the Annual Meeting 2017 Webcast; see page 22 for details.

	By Dec. 9	Dec. 10–Jan. 29	Jan. 30 and After
MEMBER RATES			
❑ Active Member (MEM)*	$ 630	$ 725	$ 875
❑ Associate Member (MAS)* (predoctoral students, postdoctoral and clinical fellows)	$ 330	$ 400	$ 495
❑ Affiliate Member (AFM)*	$ 515	$ 560	$ 655
❑ Student Member (STU)*			
Undergraduate	$ 75	$ 80	$ 95
High School	FREE	FREE	FREE
❑ Emeritus Member (EMM)	$ 100	$ 100	$ 100
❑ Advocate Member	$ 250	$ 350	$ 350
NONMEMBER RATES†			
❑ Nonprofit (NNP)	$1,090	$1,285	$1,400
❑ Industry (NIN)	$1,315	$1,410	$1,590
❑ Predoctoral Student/ Postdoctoral or Clinical Fellow (NPR)	$ 565	$ 595	$ 695
SUBTOTAL	$_____	$_____	$_____

*Refer to page 33 for membership application submission deadlines to receive member registration rates.

†For nonmember advocate registration information, email advocacy@aacr.org.

Other Products and Services

❑ Grant Writing Workshop (For AACR members only) ❑ Add to waitlist if workshop is full	$ 45
❑ Mail copy of printed *Proceedings* within U.S. (MP)†	$ 65
❑ Pick up copy of printed *Proceedings* at Annual Meeting (PP)	$ 50
❑ *Proceedings* on Flash Drive (FDP)†	$ 15
❑ Tax-deductible gift to AACR Foundation	$_____
SUBTOTAL	$_____

†Must be ordered by February 12, 2017 to guarantee availability. Mailed print *Proceedings* available only to registrants in the U.S.

TOTAL ENCLOSED OR CHARGED **$_____**