AACR Special Conference

# PROSTATE CANCER: ADVANCES IN BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH

December 2-5, 2017 • Disney's Boardwalk Inn • Orlando, FL

# REGISTRATION FORM

Advance Registration Deadline: **October 18, 2017**

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

❑ 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.

## 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:

## 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 or 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.

## Registration Rates

Please circle the appropriate rate(s):

| | Advance Registration Until October 18 | Regular Registration After October 18 |
|---|---|---|
| **AACR Members** | | |
| Active (REGA) and Affiliate (REGF) | $ 775 | $ 955 |
| Associate (REGS) | $ 480 | $ 625 |
| Emeritus (REGE) | $ 475 | $ 625 |
| Student (REGU) (Undergraduate and High School) | $ 150 | $ 150 |
| Patient Advocate | $ 250 | $ 350 |
| **Nonmembers** | | |
| Academic, Government, and Not-for-Profit Institutions (NNP) | $1,035 | $1,195 |
| Industry (NN) | $1,235 | $1,365 |
| Pre-/Postdoctoral Student (STU)** | $ 585 | $ 720 |
| 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 November 2, 2017. After November 2, 2017, 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 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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