OFFICIAL REGISTRATION FORM 2020

To register online, visit AACR.org/AACR2020.

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:

_____

_____

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

NONMEMBER PREDOCTORAL STUDENT/ POSTDOCTORAL AND CLINICAL FELLOW SECTION

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

NONMEMBER PREDOCTORAL GRADUATE OR MEDICAL 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 or fellowship 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
❑ Business Development
❑ Clinical Research
❑ Oncology Practice
❑ Patient Advocacy
❑ Population Science
❑ Research Administration
❑ Science and Health Policy
❑ Science Education
❑ Translational Research
❑ Other (please specify): _____

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

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

Organ Site/Tumor Type Focus
(please list the organ sites/tumor types most relevant to your work):

_____

Work Setting* (please check only one):

❑ Academia (University Setting)
❑ Cancer Center/Cancer Institute
❑ Fundraising Organization/Foundation
❑ Government
❑ Hospital/Clinic
❑ Industry/Commercial Sector
❑ Oncology Practice
❑ Patient Advocacy Organization
❑ Professional Membership Organization
❑ Other (please specify) _____

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.

Race or Ethnic Background (check only one):

❑ African American/Black
❑ Alaskan Native
❑ Asian
❑ Asian American
❑ Caucasian
❑ Hispanic/Latino
❑ Native American
❑ Native Hawaiian/Pacific Islander
❑ Other (please specify) _____

Gender: ❑ Male ❑ Female

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AACR ANNUAL MEETING REGISTRATION RATES

Standard registration includes full individual access to the Annual Meeting 2020, beginning with the Opening Ceremony on Sunday, April 26 and ending on Wednesday, April 29. Registrants may also purchase access to the Educational Program from Friday, April 24 through Saturday, April 25. Registration includes full individual access to the Annual Meeting 2020 Webcast; see page 21 for details.

	By Dec. 20	Dec. 21-Feb. 21	Feb. 22 and After
MEMBER RATES			
Regular Meeting Sessions (April 26-29)			
❑ Active Member (MEM)	$ 675	$ 770	$ 935
❑ Associate Member (MAS) (predoctoral graduate or medical students, postdoctoral and clinical fellows)	$ 355	$ 430	$ 525
❑ Affiliate Member (AFM)	$ 555	$ 600	$ 710
❑ Student Member (STU)*			
Undergraduate	$ 75	$ 80	$ 95
High School	FREE	FREE	FREE
❑ Emeritus Member (EMM)	$ 115	$ 115	$ 115
❑ Advocate Member	$ 300	$ 350	$ 400
Educational Program (April 24-25)			
❑ Educational Program Pass	$ 50	$ 50	$ 50
NONMEMBER RATES†			
Regular Meeting Sessions (April 26-29)			
❑ Nonprofit (NNP)	$1,215	$1,435	$1,560
❑ Industry (NIN)	$1,460	$1,570	$1,775
❑ Predoctoral Graduate or Medical Student/Postdoctoral or Clinical Fellow (NPR)	$ 630	$ 665	$ 775
Educational Program (April 24-25)			
❑ Educational Program Pass	$ 75	$ 75	$ 75
SUBTOTAL	$_____	$_____	$_____

*Student Membership is free for eligible candidates. Apply online at AACR.org. Free registration is available for both Undergraduate and High School members who participate in special AACR programming. See pages 13-14 for details.

Refer to pages 30-31 for information on membership categories and membership application submission deadlines to receive member registration rates.

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

PROCEEDINGS OF THE AACR

***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 21, 2020, to guarantee availability.) The cost of the Flash Drive is $20.

AACR FOUNDATION

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

❑ $25 ❑ $50 ❑ $100 ❑ $200 ❑ $250 ❑ $500

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

OTHER PRODUCTS AND SERVICES

❑ *Proceedings* on Flash Drive (FDP)*	$ 20
❑ Tax-deductible gift to the AACR Foundation	$_____
SUBTOTAL	$_____

*Must be ordered by February 21, 2020, to guarantee availability.

TOTAL CHARGED OR ENCLOSED **$_____**

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: AACR.org/AACR2020

Or return this form by

Mail: AACR Annual Meeting 2020
CompuSystems
2651 Warrenville Road • Suite 400
Downers Grove, IL 60515

Fax: 708-344-4444

TURNING SCIENCE INTO LIFESAVING CARE