Registration Form — Advances in Cancer Immunotherapy™

Society for Immunotherapy of Cancer

Date of Program: August 7, 2015, Georgetown University Hotel and Conference Center

Early Registration Deadline: 7/17/15 Registration Deadline: 8/3/15 – 5:00 pm ET

Please print clearly; your meeting badge will be populated from this information.

First Name: _____ Last Name: _____ M.I.: _____

Institution: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ Primary Business Address (if different than above): _____

Special Needs (physical, religious, etc.) – Please list: _____

Degrees Achieved (please circle): MD PhD RN MS NP PharmD Other: _____ *NPI Number: _____

Education & Training:

Degree 1: _____ Institution: _____ Graduation Year: _____

Degree 2: _____ Institution: _____ Graduation Year: _____

Degree 3: _____ Institution: _____ Graduation Year: _____

Fellowship:

Training Type (Fellowship, Certification, Residency etc: _____ Area/Focus: _____

Institution: _____ Start Year: _____ End Year: _____

Professional Role *(Check one)*

- ☐ Scientific Research: Basic
- ☐ Scientific Research: Translational
- ☐ Scientific Research: Clinical _____
- ☐ Clinical Care: Clinical/Practicing Oncologist
- ☐ Clinical Care: Nurse
- ☐ Clinical Care: Nurse Practitioner
- ☐ Clinical Care: Patient Advocate
- ☐ Clinical Care: Pharmacist
- ☐ Clinical Care: Physician Assistant
- ☐ Clinical Care: Social Worker
- ☐ Clinical Care: Other: _____
- ☐ Scientist-in-Training/Student: Post Doc Fellow
- ☐ Scientist-in-Training/Student: Clinical Fellow
- ☐ Scientist-in-Training/Student: Medical Student
- ☐ Scientist-in-Training/Student: Graduate Student
- ☐ Scientist-in-Training/Student: Undergraduate Student
- ☐ Scientist-in-Training/Student: Resident
- ☐ Scientist-in-Training/Student: Other: _____
- ☐ Industry: Advocacy/Public Affairs
- ☐ Industry: Biostatistician
- ☐ Industry: Commercial
- ☐ Industry: Medical Affairs
- ☐ Industry: Research
- ☐ Other: _____

Work Setting *(Check one)*

- ☐ Academic Medical Center
- ☐ Community Hospital without Training Program
- ☐ Industry/Biotech (500+ Employees)
- ☐ Clinic Group Independent
- ☐ Government/Regulatory
- ☐ Solo Private Practice
- ☐ Clinic Group Owned
- ☐ Industry/Biotech (1-50 Employees)
- ☐ Other: _____
- ☐ Community Hospital with Training Program
- ☐ Industry/Biotech (51-500 Employees)

Field(s) of Research/Specialty *(Check all that apply)*

- ☐ Biochemistry
- ☐ Hematology
- ☐ Molecular Biology
- ☐ Research Administration
- ☐ Cellular Biology
- ☐ Immunology
- ☐ Neuro-oncology
- ☐ Stem Cell Biology
- ☐ Clinical Investigations/Clinical Trials
- ☐ Immunotherapy
- ☐ Pathology
- ☐ Surgical Oncology
- ☐ Dermatology
- ☐ Internal Medicine
- ☐ Pediatric Oncology
- ☐ Transplantation
- ☐ Genetics and Genomics
- ☐ Medical Oncology
- ☐ Pharmacology/Toxicology
- ☐ Other: _____
- ☐ Gynecologic Oncology
- ☐ Microbiology
- ☐ Radiation Biology/Radiation Oncology

Disease State/Type *(Check up to 3)*

- ☐ Brain/Central Nervous System
- ☐ Gynecological
- ☐ Liver
- ☐ Neuroblastoma
- ☐ Breast
- ☐ Head and Neck
- ☐ Lung
- ☐ Pan-Tumor
- ☐ Gastro-intestinal
- ☐ Hematologic Malignancies
- ☐ Melanoma
- ☐ Other: _____
- ☐ Genito-urinary

How did you hear about this meeting? *(Please check one)*

- ☐ Calendar Listing
- ☐ Colleague
- ☐ Email
- ☐ Handout
- ☐ Mailer
- ☐ SITC Website
- ☐ Social Media
- ☐ Other: _____

Registration Rates: *Circle one - if you fall into more than one category, the lowest rate prevails.*

SITC Member Rates:	Early	Regular	**Registration Rates:**	Early	Regular
Student/Nurse /Allied Health	FREE	FREE	Student**/Nurse /Allied Health	FREE	FREE
Clinician/Academic	$50.00	$50.00	Clinician/Academic	$75.00	$75.00
Government/Non-Industry	$50.00	$50.00	Government/Non-Industry	$75.00	$75.00
Industry	$280.00	$305.00	Industry	$350.00	$375.00
Consultant/Small Biotech (50 or less employees)	$210.00	$230.00	Consultant/Small Biotech (50 or less employees)	$265.00	$280.00

Method of Payment *(Please check one)*

☐ Check (enclosed) – *Make checks payable to SITC in U.S. dollars drawn from a U.S. bank*

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Total fees _____

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name (printed): _____

Cardholder's Signature: _____

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release SITC, Georgetown University Hotel and Conference Center and their respective agents, employees, representatives, successors, and assigns, from any and all claims, demands, causes of action, damages, costs, and expenses, including attorneys' fees, for injury to person or damage to property arising out of attendance at this program. In addition, the delegate hereby grants permission to use his/her likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration, agreeing that these materials will become the property of SITC which has the right to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose. Additionally, the delegate waives any right to royalties or other compensation arising or related to the use of the photograph.

Cancellation / Refund Policy: Refund requests should be submitted to the SITC office by July 17, 2015. A $50 processing fee will be charged for all cancellations. All refunds will be processed after the programs. No refunds will be granted if cancellation is received after July 17, 2015. Special considerations will be given for health or family emergencies if requested in writing no later than August 21, 2015.

Submit a copy of this form and payment to: SITC, 555 E. Wells St, Suite 1100, Milwaukee, WI 53202-3823, USA or Fax to 1-414-276-3349

Questions? Call: 414-271-2456 or Email: education@sitcancer.org

**Non-Member Students and Fellows-in-Training are required to provide proof of enrollment or a letter from a lab supervisor with this registration form.