AACR Annual Meeting
American Association for Cancer Research
2016 • NEW ORLEANS

APRIL 16-20, 2016
ERNEST N. MORIAL CONVENTION CENTER
NEW ORLEANS, LA

OFFICIAL REGISTRATION FORM 2016

To register online, visit **www.AACR.org/AACR2016.**

Registrant Information

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

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

❑ Dr. ❑ Mr. ❑ Ms.

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 (Note: Meeting publications cannot be delivered to a P.O. box.)

City State or Province Zip/Postal Code

Country (if not U.S.)

Telephone Fax

Email (required)

Assistant's Name

Assistant's Email

Emergency Contact Telephone

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

_____

_____

AACR Career Fair

Saturday, April 16, 9:30 a.m.-3:00 p.m.

See page 17 for details.

❑ Yes, I plan to attend. ❑ No, I do not plan to attend.

19th Annual Grant Writing Workshop

Saturday, April 16, 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.

❑ AACR MEMBERS $45 ❑ Add to waitlist if workshop is full
❑ NONMEMBERS $95

Nonmember Predoctoral Student/ Postdoctoral and Clinical Fellow Section

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

NONMEMBER PREDOCTORAL STUDENT/POSTDOCTORAL AND CLINICAL FELLOW CERTIFICATION

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

Name (Registrar, Dean, or Dept. Head)

Signature (Registrar, Dean, or Dept. Head)

Title

University

AACR Foundation*

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

❑ $25 ❑ $50 ❑ $100

*See other side of this form to add to registration total.

Additional Registrant Information

(Required Fields)

Primary Field of Research (please check only one):

❑ Behavioral Science
❑ Biochemistry and Biophysics
❑ Biostatistics
❑ Bioinformatics and Computational Biology
❑ Carcinogenesis
❑ Cellular Biology
❑ Chemistry
❑ Clinical Research/Clinical Trials
❑ Endocrinology
❑ Epidemiology
❑ Experimental Molecular Therapy
❑ Genetics
❑ Genomics
❑ Hematology
❑ Immunology
❑ Molecular Biology
❑ Pathology
❑ Pharmacology
❑ Prevention Research
❑ Radiation Science/ Radiation Oncology
❑ Research Administration/ Business Development
❑ Surgical Oncology
❑ 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)_____

Major Scientific Research Focus

❑ Basic
❑ Translational
❑ Population Science
❑ Clinical

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

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 for conference information. Check here if you **do not** want your email address added to our list.

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AACR Annual Meeting Registration Categories

PREMIUM PACKAGE

(Includes full individual access to the Annual Meeting 2016 webcast; see page 22 for details.)

	By Dec. 18	Dec. 19-Feb. 7	Feb. 8 and After
MEMBER RATES			
❑ Active Member (MEM)*	$ 654	$ 754	$ 894
❑ Associate Member (MAS)*	$ 349	$ 449	$ 549
❑ Affiliate Member (AFM)*	$ 554	$ 599	$ 684
❑ Student Member (STU)*	$ 184	$ 189	$ 199
❑ Emeritus Member (EMM)	$ 199	$ 199	$ 199
NONMEMBER RATES			
❑ Nonprofit (NNP)	$1,104	$1,264	$1,389
❑ Industry (NIN)	$1,354	$1,444	$1,604
❑ Predoctoral Student (NPR)	$ 639	$ 669	$ 764
SUBTOTAL	$_____	$_____	$_____

*Refer to page 36 for membership application submission deadlines to receive member registration rates.

STANDARD PACKAGE

(Does not include webcast access.)

	By Dec. 18	Dec. 19-Feb. 7	Feb. 8 and After
MEMBER RATES			
❑ Active Member (MEM)*	$ 555	$ 655	$ 795
❑ Associate Member (MAS)*	$ 250	$ 350	$ 450
❑ Affiliate Member (AFM)*	$ 455	$ 500	$ 585
❑ Student Member (STU)*	$ 85	$ 90	$ 100
❑ Emeritus Member (EMM)	$ 100	$ 100	$ 100
NONMEMBER RATES			
❑ Nonprofit (NNP)	$ 955	$1,115	$1,240
❑ Industry (NIN)	$1,155	$1,245	$1,405
❑ Predoctoral Student/Postdoctoral or Clinical Fellow (NPR)	$ 490	$ 520	$ 615
SUBTOTAL	$_____	$_____	$_____

Proceedings of the AACR

Print *Proceedings*. The *Proceedings* and the Itinerary Planner will be available free online approximately 1 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 8, 2016).

CD-ROM *Proceedings* Available for Purchase. The Annual Meeting *Proceedings* on CD-ROM is only available for purchase. To obtain a copy of the CD-ROM at the meeting, you must check the appropriate box under Other Products and Services. (Order by February 8, 2016 to guarantee availability.) The cost of the CD-ROM is $10.

AACR Education Book

The AACR Education Book will be available free online in May 2016 (see page 24 of this publication). Print copies will also be available free onsite. Quantities are limited and are available on a first-come, first-served basis. Please select only ONE:

❑ I will use the online Education Book and do not plan to pick up a printed copy.

❑ I plan to pick up a print copy of the Education Book at the meeting.

Other Products and Services

❑ Grant Writing Workshop	$45/95	$45/95	$45/95
❑ Mail copy of printed *Proceedings* within U.S. (MP)†	$ 65	$ 65	$ 65
❑ Pick up copy of printed *Proceedings* at Annual Meeting (PP)	$ 50	$ 50	$ 50
❑ *Proceedings* on CD-ROM (CDP)†	$ 10	$ 10	$ 10
❑ Tax-deductible gift to AACR Foundation (from other side of form)	$_____	$_____	$_____
SUBTOTAL	$_____	$_____	$_____

†Must be ordered by February 8, 2016 to guarantee availability. Mailed print *Proceedings* available only to registrants in the U.S.

SUBTOTAL FROM REGISTRATION CATEGORIES ABOVE	$_____	$_____	$_____
TOTAL ENCLOSED OR CHARGED	$_____	$_____	$_____

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 _____

Return by Mail: AACR Annual Meeting 2016
CompuSystems
2651 Warrenville Rd. • Suite 400
Downers Grove, IL 60515

Fax: 708-344-4444