

An AACR Special Conference on PEDIATRIC CANCER: FROM BASIC SCIENCE TO THE CLINIC

December 3-6, 2017 • Omni Atlanta Hotel at CNN Center
Atlanta, GA

REGISTRATION FORM

Advance Registration Deadline: **October 19, 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 | ☐ Population Science | ☐ Science Education |
| ☐ Translational Research | ☐ Clinical Practice | ☐ Business Development |
| ☐ Clinical Research | ☐ Advocacy | ☐ Research Administration |
| ☐ Other (please specify) _____ | | |

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

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

Work Setting* (please check only one):

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

Race or Ethnic Background (check only one):

- | | | | |
|---|------------------------------------|---|--|
| ☐ African American or Black | ☐ Asian | ☐ Hispanic or Latino | ☐ Native Hawaiian or Pacific Islander |
| ☐ Alaskan Native | ☐ Caucasian | ☐ Native American | |
| ☐ 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 19	Regular Registration After October 19
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 3, 2017. After November 3, 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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