An AACR Special Conference on ADVANCES IN SARCOMAS: FROM BASIC SCIENCE TO CLINICAL TRANSLATION
May 16-19, 2017 • Hilton Philadelphia at Penn’s Landing Philadelphia, PA

Registration Form
Advance Registration Deadline: March 23, 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:

Registration Profile (*required)

Major Focus* (please check only one):

- Basic Science
- Translational Research
- Clinical Research
- 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
- Chemical Engineering
- Clinical Research/Clinical Trials
- Diagnostics and Biomarkers
- Endocrinology
- Other (please specify)

Work Setting* (please check only one):

- Academia
- Association/Professional Organization
- Foundation/Advocacy Organization
- Government
- Hospital/Healthcare
- Other (please specify)

Race or Ethnic Background (check only one):

- African American or Black
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Native American
- 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.

Registration Rates

- Please circle the appropriate rate(s):

<table>
<thead>
<tr>
<th>Category</th>
<th>Advance Registration Until March 23</th>
<th>Regular Registration After March 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACR Members</td>
<td>$ 775</td>
<td>$ 955</td>
</tr>
<tr>
<td>Active (REGA) and Affiliate (REGF)</td>
<td>$ 480</td>
<td>$ 625</td>
</tr>
<tr>
<td>Associate (REGS)</td>
<td>$ 475</td>
<td>$ 625</td>
</tr>
<tr>
<td>Emeritus (REGE)</td>
<td>$ 150</td>
<td>$ 150</td>
</tr>
<tr>
<td>Nonmembers</td>
<td>$ 250</td>
<td>$ 350</td>
</tr>
</tbody>
</table>

**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 April 17, 2017. After April 17, 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

Temporary Signature of Cardholder

Registration fees are payable in U.S. dollars only. Personal checks are acceptable if payable through a U.S. bank.

**Nonmember Pre/Postdoctoral 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)

University

Email

Return to:

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Philadelphia, PA 19106-4404
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Fax 215-446-9925