COMPLIMENTARY REGISTRATION FORM

APRIL 18-22, 2015
PENNSYLVANIA CONVENTION CENTER • PHILADELPHIA, PA

Complete and return by March 20, 2015

Name and Address Information

Please print or type.

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

If no, please enter contact information below.

Dr. ❑ MD ❑ PhD
Mr. ❑ MD/PhD
Ms. ❑ Other

Last/Family Name ____________________ First Name/Middle Name ____________________

Position/Title ________________________

Department/Division ______________________

Institution/Company ______________________

Street Address ________________________

City __________________ State or Province _______ Zip/Postal Code _______

Country _______________________

Telephone __________________ Fax __________________

Email __________________

Spouse/Guest name, if registering ______________________

Emergency Contact Name __________________ Telephone __________________

Is this a new address that should be added to the AACR member database?

❑ Yes ❑ No

❑ Check this box if you require special accommodations to fully participate in the meeting. Briefly describe below.

________________________________________________________

________________________________________________________

FOR AACR USE ONLY:

Registration Categories

❑ Award or Grant Recipient
❑ Board of Directors
❑ Exhibitor
❑ Fellow of the AACR Academy
❑ Fifty Year Member
❑ Foundation Board of Trustees
❑ High School Student/Teacher
❑ Invited Speaker
❑ Key Volunteer
❑ Major Donor
❑ Minority Scholar
❑ Minority Serving Institute Faculty
❑ Press (credentials required)
❑ Program Committee Chair and/or Co-Chair
❑ Scientist↔Survivor Program
❑ Staff – AACR Only
❑ Staff – Non-AACR
❑ Sustaining Member
❑ Undergraduate Student Caucus and Poster Competition
❑ VIP (Specify Depts.) ______________________
❑ VIP Spouse/Significant Other/Partner

Authorized by __________________________

Department __________________________

Signature __________________ Date ______

Category Key

Award or Grant Recipient: Includes research grants, Scientific Achievement Award, Science Education Award, and Scholar-in-Training Award recipients (if applicable)

Invited Speaker: Includes Minisymposium Chairs

Key Volunteer: Members associated with constituency groups (i.e., council chair) and Editorial Office Staff/Associate Editors

Major Donor: Includes non-sustaining member funders (i.e., SU2C, PanCAN, etc.)

Sustaining Member: Four (4) complimentary registrations for major sustaining members; one (1) complimentary registration for sustaining members

VIP: Please specify associated department

Complete and return no later than March 20, 2015 to:

American Association for Cancer Research
Attn: Lauren Riley
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106-4404
Fax: 215-446-7291 | Email: lauren.riley@aacr.org