

An AACR Special Conference on
**IMMUNOLOGY OF PRIMARY AND METASTATIC
 CNS CANCER: MULTIDISCIPLINARY SCIENCE TO
 ADVANCE CANCER IMMUNOTHERAPY**

Presented in association with the Cancer Immunology Working Group of the AACR
 February 12-15, 2018 • Hard Rock Hotel • San Diego, CA

REGISTRATION FORM

Advance Registration Deadline:
January 8, 2018

Register online at **www.AACR.org**

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.

I want to receive information related to conference and other services or programs affiliated with the AACR.

 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 Pharmacology
 Bioinformatics and Molecular Therapeutics Prevention Research
 Computational Biology Genetics Radiation Science and
 Cancer Disparities Research Genomics/ Medicine
 Carcinogenesis Proteomics/-Omics Surgical Oncology
 Cell Biology Geriatric Oncology Survivorship Research
 Chemistry Hematology Systems Biology
 Clinical Research/Clinical Trials Immunology and Tumor Biology
 Diagnostics and Biomarkers Immuno-Oncology Virology
 Endocrinology Molecular Biology
 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
 Alaskan Native Caucasian Native American Pacific Islander
 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 January 8	Regular Registration After January 8
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 January 16, 2018. After January 16, 2018, 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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