Eleventh AACR Conference on
THE SCIENCE OF CANCER HEALTH
DISPARITIES IN RACIAL/ETHNIC MINORITIES
AND THE MEDICALLY UNDERSERVED
November 2-5, 2018 • Sheraton New Orleans Hotel • New Orleans, LA

REGISTRATION FORM
Advance Registration Deadline: September 18, 2018
Register online at AACR.org

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

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

If you will require special accommodations, please specify:

If you will require special accommodations, please specify:

Registrant 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 in Clinical Trials
☐ Bioinformatics and Computational Biology
☐ Cancer Disparities Research
☐ Carcinogenesis
☐ Cell Biology
☐ Chemistry
☐ Clinical Research/Clinical Trials
☐ Diagnostics and Biomarkers
☐ Endocrinology
☐ Other (please specify) ____________________________________________________________

Work Setting* (please check only one):

☐ Academia
☐ Association/Professional Organization
☐ Foundation/Philanthropic Organization
☐ Government
☐ Hospital/Health Care
☐ Other (please specify) ____________________________________________________________

Race or Ethnic Background (check only one):

☐ African American or Black
☐ Asian
☐ Caucasian
☐ Alaskan Native
☐ 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):

<table>
<thead>
<tr>
<th>Category</th>
<th>Advance Registration Until September 18</th>
<th>Regular Registration After September 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACR Members&lt;br&gt;Active (REGA) and Affiliate (REGF)</td>
<td>$850</td>
<td>$1,050</td>
</tr>
<tr>
<td>Associated (REGS)</td>
<td>$530</td>
<td>$685</td>
</tr>
<tr>
<td>Emeritus (REGE)</td>
<td>$530</td>
<td>$685</td>
</tr>
<tr>
<td>Student (REGU)</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>(Undergraduate and High School)</td>
<td>$250</td>
<td>$350</td>
</tr>
<tr>
<td>Nonmembers&lt;br&gt;Academic, Government, and&lt;br&gt;Not-for-Profit Institutions (NNP)</td>
<td>$1,125</td>
<td>$1,285</td>
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<tr>
<td>Industry (NN)</td>
<td>$1,355</td>
<td>$1,475</td>
</tr>
<tr>
<td>Minority-Serving Institution</td>
<td>$965</td>
<td>$1,105</td>
</tr>
<tr>
<td>Pre-/Postdoctoral Student (STU)**</td>
<td>$645</td>
<td>$790</td>
</tr>
<tr>
<td>Patient Advocate*</td>
<td>$350</td>
<td>$450</td>
</tr>
<tr>
<td>Spouse/Guest (no admittance to lecture sessions)</td>
<td>$200</td>
<td>$200</td>
</tr>
</tbody>
</table>

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 in 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 October 2, 2018. After October 2, 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#  CSC/CVV#  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:
Cancer Health Disparities
American Association for Cancer Research
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106-4404
Phone 215-440-9300 • Fax 215-446-9925