

OFFICIAL REGISTRATION FORM 2019

To register online, visit WWW.AACR.org/AACR2019.

Registrant Information (*required)

Is this a new address that should be updated in the AACR database?*

Yes No

Are you an AACR Member? * Yes No Membership # _____

Dr. Mr. Ms.

Highest Degree* (check all that apply): MD PhD PharmD DSc

Other (specify) _____

Last/Family Name* First Name/Middle Initial*

Position/Title*

Department/Division*

Institution/Company*

Street Address*

City* State or Province* Zip/Postal Code*

Country* (if not U.S.)

Work Phone* Cell Phone

Email Address*

Assistant's Name

Assistant's Email Address

Emergency Contact* Telephone*



Check this box if you require special accommodations to fully participate in the meeting. Describe briefly below:

Registrant Profile

(*required)

Major Focus* (please check only one):

- | | |
|---|--|
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Business Development |
| <input type="checkbox"/> Translational Research | <input type="checkbox"/> Research Administration |
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Population Science | <input type="checkbox"/> Science Education |
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Other (please specify): _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Genomics in Precision Medicine |
| <input type="checkbox"/> Biochemistry and Biophysics | <input type="checkbox"/> Geriatric Oncology |
| <input type="checkbox"/> Biostatistics in Clinical Trials | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Bioinformatics and Computational Biology | <input type="checkbox"/> Immunology and Immuno-oncology |
| <input type="checkbox"/> Cancer Disparities Research | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Carcinogenesis | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Pediatric Oncology |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Clinical Trials/Clinical Research | <input type="checkbox"/> Prevention and Interception Research |
| <input type="checkbox"/> Diagnostics, Biomarkers, Imaging, and Early Detection | <input type="checkbox"/> Proteomics |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Radiation Science and Medicine |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Epigenetics/Epigenomics | <input type="checkbox"/> Survivorship Research |
| <input type="checkbox"/> Experimental and Molecular Therapeutics | <input type="checkbox"/> Systems Biology and Convergence Science |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Tumor Biology |
| | <input type="checkbox"/> Virology |
| | <input type="checkbox"/> Other (please specify) _____ |

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

Nonmember Predoctoral Student/ Postdoctoral and Clinical Fellow Section

This section must be completed if you wish to register as a nonmember predoctoral student, postdoctoral student, or clinical fellow. Forms without certification will not be processed. Individuals may be contacted for verification.

NONMEMBER PREDOCTORAL STUDENT/POSTDOCTORAL AND CLINICAL FELLOW CERTIFICATION

I certify that the above-named student is presently enrolled at this institution and working toward a doctoral degree or fellowship in a field related to cancer research.

- | | |
|---|--|
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Postdoctoral Fellow |
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Clinical Fellow |

Name (Registrar, Dean, or Dept. Head)

Signature (Registrar, Dean, or Dept. Head)

Title/Department

Institution

Email Address

Work Setting* (please check only one):

- | | |
|---|---|
| <input type="checkbox"/> Academia/Cancer Center | <input type="checkbox"/> Nonprofit Research Institute |
| <input type="checkbox"/> Foundation/Advocacy Organization | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Industry/Private Sector | |

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.

Race or Ethnic Background (check only one):

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Caucasian | |

Gender: Male Female

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Proceedings of the AACR

Print Proceedings. The *Proceedings* and the Itinerary Planner will be available free online approximately one month prior to the meeting. Registrants who wish to purchase a print *Proceedings* must check the appropriate box under Other Products and Services. Registrants can pick up a copy of the print *Proceedings* on-site at a cost of \$125; alternatively, registrants in the U.S. can have a copy of the print *Proceedings* mailed to them at a cost of \$145 (mailed copies must be ordered by February 18, 2019).

Proceedings Available on Flash Drive for Purchase. The Annual Meeting *Proceedings* on Flash Drive is only available for purchase. To obtain a copy of the Flash Drive at the meeting, you must check the appropriate box under Other Products and Services. (Order by February 28, 2019, to guarantee availability.) The cost of the Flash Drive is \$20.

AACR Foundation

I would like to make a tax-deductible gift to support the mission and work of the AACR.

\$25 \$50 \$100 \$200 \$250 \$500

To learn more about how you can donate to the AACR Foundation to fund education and research, contact mitch.stoller@aacr.org.

Method of Payment

Check or money order enclosed, payable to American Association for Cancer Research, in U.S. currency, drawn on a U.S. bank.

VISA MasterCard American Express

Card Number _____ Expiration Date _____

Signature _____

To register online, visit: www.AACR.org/AACR2019

Or return this form by

Mail: AACR Annual Meeting 2019
CompuSystems
2651 Warrenville Road • Suite 400
Downers Grove, IL 60515

Fax: 708-344-4444

**INTEGRATIVE
CANCER SCIENCE
GLOBAL
IMPACT
INDIVIDUALIZED
PATIENT CARE**

AACR Annual Meeting Registration Rates

Registration includes full individual access to the Annual Meeting 2019 Webcast; see page 22 for details.

	By Dec. 7	Dec. 8- Jan. 28	Jan. 29 and After
MEMBER RATES			
<input type="checkbox"/> Active Member (MEM)	\$ 660	\$ 755	\$ 915
<input type="checkbox"/> Associate Member (MAS) (predoctoral students, postdoctoral and clinical fellows)	\$ 345	\$ 420	\$ 515
<input type="checkbox"/> Affiliate Member (AFM)	\$ 545	\$ 590	\$ 695
<input type="checkbox"/> Student Member (STU)*			
Undergraduate	\$ 75	\$ 80	\$ 95
High School	FREE	FREE	FREE
<input type="checkbox"/> Emeritus Member (EMM)	\$ 115	\$ 115	\$ 115
<input type="checkbox"/> Advocate Member	\$ 300	\$ 350	\$ 400

NONMEMBER RATES†

<input type="checkbox"/> Nonprofit (NNP)	\$1,170	\$1,380	\$1,500
<input type="checkbox"/> Industry (NIN)	\$1,410	\$1,510	\$1,705
<input type="checkbox"/> Predoctoral Student/ Postdoctoral or Clinical Fellow (NPR)	\$ 605	\$ 640	\$ 745

SUBTOTAL \$ _____ \$ _____ \$ _____

*Student Membership is free for eligible candidates. Apply online at AACR.org. Free registration is available for both Undergraduate and High School members who participate in special AACR programming. See pages 13 and 14 for details.

Refer to page 30 for information on membership categories and membership application submission deadlines to receive member registration rates.

†For nonmember advocate registration information, email advocacy@aacr.org.

Other Products and Services

<input type="checkbox"/> Mail copy of print <i>Proceedings</i> within U.S. (MP)*	\$145
<input type="checkbox"/> Pick up copy of print <i>Proceedings</i> at Annual Meeting (PP)	\$125
<input type="checkbox"/> <i>Proceedings</i> on Flash Drive (FDP)†	\$ 20
<input type="checkbox"/> Tax-deductible gift to AACR Foundation	\$ _____

SUBTOTAL \$ _____

*Must be ordered by January 18, 2019, to guarantee availability. Mailed print *Proceedings* available only to registrants in the U.S.

†Must be ordered by January 28, 2019, to guarantee availability.

TOTAL ENCLOSED OR CHARGED \$ _____