

An AACR Special Conference on
**ADVANCES IN PEDIATRIC
 CANCER RESEARCH**

September 17-20, 2019 | DoubleTree by Hilton Montreal | Montreal, Quebec, Canada

REGISTRATION FORM

Advance Registration Deadline:
August 6, 2019

Register online at **www.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 _____

Emergency Contact Name _____ Phone _____

New address. Please change my AACR mailing information.

 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 in Clinical Trials Experimental and Pharmacology
 Bioinformatics and Molecular Therapeutics Prevention and
 Computational Biology Genetics Interception Research
 Cancer Disparities Research Genomics/ Radiation Science
 Carcinogenesis Proteomics/Other -Omics and Medicine
 Cell Biology Geriatric Oncology Surgical Oncology
 Chemistry Hematology Survivorship Research
 Clinical Research/Clinical Trials Immunology and Systems Biology
 Diagnostics and Biomarkers Immuno-Oncology and Convergence
 Endocrinology Molecular Biology Tumor Biology
 Other (please specify) _____ Virology

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 August 6	Regular Registration After August 6
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 850	\$1,050
Associate (REGS)	\$ 530	\$ 685
Emeritus (REGE)	\$ 530	\$ 685
Student (REGU)		
(Undergraduate and High School)	\$ 150	\$ 150
Patient Advocate	\$ 250	\$ 350
Nonmembers		
Academic, Government, and Not-for-Profit Institutions (NNP)	\$1,125	\$1,285
Industry (NN)	\$1,355	\$1,475
Pre-/Postdoctoral Student (STU)**	\$ 645	\$ 790
Patient Advocate†	\$ 350	\$ 450

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 August 16, 2019. After August 16, 2019, 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:

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