

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):

- ☐ Basic Science
- ☐ Business Development
- ☐ Clinical Research
- ☐ Oncology Practice
- ☐ Patient Advocacy
- ☐ Population Sciences

- ☐ Research Administration
- ☐ Science and Health Policy
- ☐ Science Education
- ☐ Translational Research
- ☐ Other (please specify): _____

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

- ☐ Behavioral Science
- ☐ Biochemistry and Biophysics
- ☐ Bioinformatics and Computational Biology
- ☐ Biostatistics
- ☐ Cancer Disparities Research
- ☐ Cell Biology
- ☐ Chemistry
- ☐ Clinical Trials/Clinical Research
- ☐ Convergence Cancer Science
- ☐ Diagnostics, Biomarkers, Early Detection, and Interception
- ☐ Endocrinology
- ☐ Epidemiology
- ☐ Epigenetics/Epigenomics
- ☐ Experimental and Molecular Therapeutics
- ☐ Genetics
- ☐ Genomics and Other 'Omics
- ☐ Hematology
- ☐ Imaging
- ☐ Immunology and Immuno-oncology
- ☐ Molecular Biology
- ☐ Pathology
- ☐ Pediatric Oncology
- ☐ Pharmacology
- ☐ Prevention Research
- ☐ Proteomics
- ☐ Radiation Science and Medicine
- ☐ Surgical Oncology
- ☐ Survivorship Research
- ☐ Tumor Biology
- ☐ Virology
- ☐ Other (please specify) _____

☐ I agree to follow all AACR health and safety policies and requirements to attend this meeting.

☐ 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 graduate or medical student, postdoctoral fellow, or clinical fellow. Forms without certification will not be processed. Individuals may be contacted for verification.

NONMEMBER PREDOCTORAL GRADUATE OR MEDICAL 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.

☐ Graduate Student

☐ Postdoctoral Fellow

☐ Medical Student

☐ Clinical Fellow

Name (Registrar, Dean, or Dept. Head)

Signature (Registrar, Dean, or Dept. Head)

Title/Department

Institution

Email Address

Organ Site/Tumor Type Focus

(please list the organ sites/tumor types most relevant to your work):

Work Setting* (please check only one):

- ☐ Academia (University Setting)
- ☐ Cancer Center/Cancer Institute
- ☐ Fundraising Organization/Foundation
- ☐ Government
- ☐ Hospital/Clinic
- ☐ Industry/Commercial Sector
- ☐ Oncology Practice
- ☐ Patient Advocacy Organization
- ☐ Professional Membership Organization
- ☐ Other (please specify) _____

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):

- ☐ African American or Black
- ☐ Alaskan Native
- ☐ Asian
- ☐ Asian American
- ☐ Caucasian
- ☐ Hispanic or Latino
- ☐ Native American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (please specify) _____

Gender: ☐ Male ☐ Female

AACR ANNUAL MEETING 2022 OFFICIAL REGISTRATION FORM

To register online, visit **AACR.org/AACR2022**.

AACR Annual Meeting Registration Rates

Standard registration includes full individual access to the Annual Meeting 2022, beginning with the Discovery Science Plenary Session on Saturday, April 9 and ending on Wednesday, April 13. Registrants may also purchase access to the Educational Program scheduled for Friday, April 8 through Saturday, April 9. All registrations include full individual access to the AACR Annual Meeting 2022 Virtual Meeting Platform. The platform will include both live and on-demand sessions, networking opportunities and more. Please visit **AACR.org/AACR2022** for additional details.

	In Person			Virtual Only		
	Early By Dec. 17	Advance By Feb. 18	After Feb. 18	Upper Income	Middle Income	Lower/Middle Low Income
MEMBER RATES*						
Regular Meeting Sessions (April 9-13)						
<input type="checkbox"/> Active	\$ 705	\$ 805	\$ 975	\$ 705	\$350	\$200
<input type="checkbox"/> Active Industry	\$ 875	\$1,005	\$1,210	\$ 875	\$450	\$275
<input type="checkbox"/> Associate	\$ 365	\$ 445	\$ 540	\$ 365	\$150	\$ 75
<input type="checkbox"/> Affiliate	\$ 575	\$ 620	\$ 730	\$ 575	\$300	\$175
<input type="checkbox"/> Student	\$ 75	\$ 80	\$ 95	\$ 75	\$ 25	\$ 10
<input type="checkbox"/> Emeritus	\$ 115	\$ 115	\$ 115	\$ 115	\$ 50	\$ 25
<input type="checkbox"/> Patient Advocate	\$ 250	\$ 275	\$ 295	\$ 250	\$125	\$ 75
Educational Program (April 8-9)						
<input type="checkbox"/> Educational Program Pass	\$ 50	\$ 50	\$ 50	\$ 50	\$ 35	\$ 25
NONMEMBER RATES†						
Regular Meeting Sessions (April 9-13)						
<input type="checkbox"/> Nonprofit	\$1,285	\$1,520	\$1,655	\$1,285	\$650	\$385
<input type="checkbox"/> Industry	\$1,545	\$1,665	\$1,880	\$1,545	\$775	\$465
<input type="checkbox"/> Predoctoral Graduate or Medical Student/ Postdoctoral or Clinical Fellow	\$ 650	\$ 685	\$ 795	\$ 650	\$335	\$200
Educational Program (April 8-9)						
<input type="checkbox"/> Educational Program Pass	\$ 95	\$ 95	\$ 95	\$ 95	\$ 60	\$ 40
SUBTOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*For information on membership categories and membership application submission deadlines to receive member registration rates, visit AACR.org.

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

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.

SUBTOTAL \$ _____

Total Charged or Enclosed

Add subtotal from AACR Annual Meeting Registration Rates and your tax-deductible gift to the AACR Foundation \$ _____

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 # _____ Expiration Date _____ CSC/CVV # _____

Print Name of Cardholder _____

Signature of Cardholder _____

☐ Please check if billing address is the same as the address under **Registrant Information**. If billing address is different, please provide below.

Billing Street Address _____

City _____ State or Province _____

Zip/Postal Code _____ Country (if not U.S.) _____

To register online, visit **AACR.org/AACR2022**

Fax to **708-344-4444**

Or return this form by mail to **AACR Annual Meeting 2022
CompuSystems
2601 Navistar Drive
Lisle, IL 60532**