

APRIL 14-19 • ORANGE COUNTY CONVENTION CENTER

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

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

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

OFFICIAL REGISTRATION FORM 2023

To register online, visit AACR.org/AACR2023.

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.

- | | |
|---|--|
| <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

Organ Site/Tumor Type Focus

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

Work Setting* (please check only one):

- | | |
|--|---|
| <input type="checkbox"/> Academia (University Setting) | <input type="checkbox"/> Industry/Private Sector |
| <input type="checkbox"/> Association/Professional Organization | <input type="checkbox"/> Law Firm/Lobbyists |
| <input type="checkbox"/> Cancer Center/Cancer Institute | <input type="checkbox"/> Oncology Practice |
| <input type="checkbox"/> Foundation/Advocacy Organization | <input type="checkbox"/> Press |
| <input type="checkbox"/> Government | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Hospital/Clinic/Medical Center | <input type="checkbox"/> 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.pl

Race or Ethnic Background (please check only one):

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

Gender: Male Female

AACR ANNUAL MEETING 2023 OFFICIAL REGISTRATION FORM

To register online, visit [AACR.org/AACR2023](https://aacr.org/AACR2023).

AACR Annual Meeting Registration Rates

Standard registration includes full individual access to the Annual Meeting 2023, beginning with the Discovery Science Plenary Session on Saturday, April 15 and ending on Wednesday, April 19. Registrants may also purchase access to the Educational Program scheduled for Friday, April 14 through Saturday, April 15. All registrations include full individual access to the AACR Annual Meeting 2023 Virtual Meeting Platform. The platform will include both live and on-demand sessions, networking opportunities and more. Please visit [AACR.org/AACR2023](https://aacr.org/AACR2023) for additional details.

	In Person			Virtual Only		
	Early By Dec. 16	Advance By Feb. 24	After Feb. 24	Upper Income	Middle Income	Lower/Middle Low Income
MEMBER RATES*						
Regular Meeting Sessions (April 15-19)						
<input type="checkbox"/> Active	\$ 735	\$ 835	\$1,005	\$ 735	\$350	\$195
<input type="checkbox"/> Active Industry	\$ 915	\$1,045	\$1,255	\$ 915	\$450	\$275
<input type="checkbox"/> Associate	\$ 375	\$ 455	\$ 575	\$ 375	\$150	\$ 75
<input type="checkbox"/> Affiliate	\$ 605	\$ 655	\$ 765	\$ 605	\$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	\$ 255	\$ 275	\$ 295	\$ 195	\$ 95	\$ 65
Educational Program (April 14-15)						
<input type="checkbox"/> Educational Program Pass	\$ 50	\$ 50	\$ 50	\$ 50	\$ 35	\$ 25
NONMEMBER RATES†						
Regular Meeting Sessions (April 15-19)						
<input type="checkbox"/> Nonprofit	\$1,345	\$1,585	\$1,715	\$1,345	\$650	\$385
<input type="checkbox"/> Industry	\$1,615	\$1,735	\$1,955	\$1,615	\$775	\$465
<input type="checkbox"/> Predoctoral Graduate or Medical Student/ Postdoctoral or Clinical Fellow	\$ 715	\$ 745	\$ 855	\$ 715	\$335	\$200
Educational Program (April 14-15)						
<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](https://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/AACR2023](https://aacr.org/AACR2023)

Fax to **708-344-4444**

Or return this form by mail to **AACR Annual Meeting 2023**
CompuSystems
2601 Navistar Drive
Lisle, IL 60532