

An AACR Special Conference on
**ADVANCES IN
 LIQUID BIOPSIES**

January 13-16, 2020 | Hilton Miami Downtown | Miami, FL

REGISTRATION FORM

Advance Registration Deadline:
December 3, 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 Patient Advocacy Science and Health Policy
 Business Development Population Science Science Education
 Clinical Research Research Administration Translational Research
 Oncology Practice
 Other (please specify) _____

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

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

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

Race or Ethnic Background (check only one):

African American or Black Asian American Native American
 Alaskan Native Caucasian Native Hawaiian or Pacific Islander
 Asian Hispanic or Latino
 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 December 3	Regular Registration After December 3
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 950	\$1,175
Associate (REGS)	\$ 560	\$ 725
Emeritus (REGE)	\$ 560	\$ 725
Student (REGU)		
(Undergraduate and High School)	\$ 175	\$ 175
Patient Advocate	\$ 250	\$ 350
Nonmembers		
Academic, Government, and Not-for-Profit Institutions (NNP)	\$1,255	\$1,445
Industry (NN)	\$1,515	\$1,645
Pre-/Postdoctoral Student (STU)**	\$ 685	\$ 840
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 December 13, 2019. After December 13, 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:

Liquid Biopsies
 American Association for Cancer Research
 615 Chestnut Street, 17th Floor
 Philadelphia, PA 19106-4404
 Phone 215-440-9300
 Fax 215-446-9925

