

LUNG CANCER TRANSLATIONAL SCIENCE FROM THE BENCH TO THE CLINIC

January 11-14, 2020 | Marriott Marquis San Diego | San Diego, CA

REGISTRATION FORM

Advance Registration Deadline:
December 2, 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):

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Academia (University Setting) | <input type="checkbox"/> Industry/Commercial Sector |
| <input type="checkbox"/> Cancer Center/Cancer Institute | <input type="checkbox"/> Oncology Practice |
| <input type="checkbox"/> Fundraising Organization/Foundation | <input type="checkbox"/> Patient Advocacy Organization |
| <input type="checkbox"/> Government | <input type="checkbox"/> Professional Membership Organization |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Other (please specify) _____ |

Race or Ethnic Background (check only one):

- | | | |
|---|---|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> 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 2	Regular Registration After December 2
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 950	\$1,175
Associate (REGS)	\$ 560	\$ 725
Emeritus (REGU)	\$ 560	\$ 725
Student (REGU) (Undergraduate and High School)	\$ 175	\$ 175
Patient Advocate	\$ 250	\$ 350
IASLC Members		
Regular Member	\$ 950	\$1,175
Senior Member	\$ 560	\$ 725
Fellows	\$ 560	\$ 725
Fellows (Undergraduate and High School)	\$ 175	\$ 175
Nurse and Allied Health	\$ 250	\$ 350
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:

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 Philadelphia, PA 19106-4404
 Phone 215-440-9300 | Fax 215-446-9925

