

An AACR Special Conference on PANCREATIC CANCER

September 29-October 2, 2020
Loews Philadelphia Hotel | Philadelphia, PA

REGISTRATION FORM

Advance Registration Deadline:
August 18, 2020

Register online at **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 ☐ Radiation Science and Medicine
☐ 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 ☐ Caucasian ☐ Native Hawaiian or Pacific Islander
☐ Alaskan Native ☐ Hispanic or Latino
☐ Asian ☐ Native American
☐ 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 18	Regular Registration After August 18
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 August 28, 2020. After August 28, 2020, 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 #	Expiration Date	CSC/CVV #
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.		
<input type="checkbox"/> Please check if billing address is the same as the address under Name and Address Information . If billing address is different, please provide below.		

Billing Address

**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 _____

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