

## Advocate Verification Form

Thank you for your interest in attending an AACR meeting. Please complete and submit this form to advocacy@aacr.org. You will only be approved at the advocate rate if you are an advocate. **All registrations are for the entire meeting, partial registrations are not available.**

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| *Please specify the meeting you would like to attend:* |  |

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| Name: |  | | | |
| Title: |  | | | |
| Mailing address: |  | | | |
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|  |  |  | |  |
|  | City | State/Country | | ZIP/Postal Code |
| Phone (direct line): |  | |
| E-mail: |  | |

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| Organization name: |  | | | |
| Mailing address: |  | | | |
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|  | City | State/Country | | ZIP/Postal Code |
| Phone: |  | |
| Website: |  | |
| Executive director: |  | |

Please provide a brief description of your non-profit (if applicable).

Please provide a narrative biographical sketch of 200–300 words describing your academic, professional or other relevant experiences, accomplishments within your organization, and current and past involvement with **cancer-related advocacy and issues**.

What are your current advocacy priorities and plans for the coming year?

**IMPORTANT: Please type on the application form. The application is a Microsoft Word document that contains fields where you can type your replies right on the document. You can open and type on this document using Microsoft Word. Then, please save the completed application on your computer and e-mail a copy to advocacy@aacr.org.**

**If you have any difficulties opening or typing on the form, please email advocacy@aacr.org.**

Please submit materials to:

Karen L. Russell, Survivor and Patient Advocacy Program

American Association for Cancer Research

E-mail: Advocacy@aacr.org