

AACR Annual Meeting 2023 Scientist→Survivor Program® - Past Participant
Application

Applicant Information

Please complete this application in its entirety including the advocate poster section and letter of support. The application deadline is Wednesday, January 11, 2023. Applicants will be notified of their status by the end of February.

Please note, you cannot save your application online. Applications must be completed in a single session. It is highly recommended that you review the application questions in the pdf. document prior to completing the application. Incomplete applications will not be considered.

* 1. Applicant

| | |
|-----------------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State/Province | <input type="text"/> |
| ZIP/Postal Code | <input type="text"/> |
| Country | <input type="text"/> |
| Email Address | <input type="text"/> |
| Phone Number | <input type="text"/> |

* 2. Please check the boxes that best describe you. *Please note, you do not need to be a cancer survivor to be accepted into the program. Check all that apply.*

- ☐ Caregiver
- ☐ Cancer Survivor
- ☐ Currently In Treatment
- ☐ Research Advocate
- ☐ Policy Advocate
- ☐ Healthcare Advocate
- ☐ Fundraiser

If cancer survivor or patient, please identify the type of cancer.

* 3. Please indicate the cancer type/focus of your advocacy: *Check all that apply.*

- | | | |
|--|---|---|
| <input type="checkbox"/> All cancers | <input type="checkbox"/> Liver cancer | <input type="checkbox"/> Reproductive cancer |
| <input type="checkbox"/> Brain cancer | <input type="checkbox"/> Lung & Bronchus cancer | <input type="checkbox"/> Sarcoma & Soft Tissue cancer |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Skin cancer |
| <input type="checkbox"/> Colon & rectum cancer | <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Stomach cancer |
| <input type="checkbox"/> Gastrointestinal cancer | <input type="checkbox"/> Ovarian cancer | <input type="checkbox"/> Thyroid cancer |
| <input type="checkbox"/> Head & Neck cancer | <input type="checkbox"/> Pancreatic cancer | <input type="checkbox"/> Uterine Cervix |
| <input type="checkbox"/> Kidney cancer | <input type="checkbox"/> Pediatric cancer | <input type="checkbox"/> Uterine Corpus |
| <input type="checkbox"/> Leukemia / Lymphoma | <input type="checkbox"/> Prostate cancer | |
| <input type="checkbox"/> Other (please specify) | | |

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General Advocacy Information

* 4. If the AACR Annual Meeting 2023 Scientist→Survivor Program® is hybrid, how would you like to participate? *(Your selection does not determine your acceptance.)*

- ☐ In-person
- ☐ Virtually

* 5. Rate your educational background and/or experience in the following areas.

| | None (no direct knowledge/experience) | Mid-Level (have some training/familiarity) | Above Average (have extensive scientific training/experience) |
|--|--|---|---|
| Knowledge of cancer research | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understanding of policy issues (funding, lobbying) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Level of involvement in patient support and public education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Level of involvement in cancer research | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 6. Have you attended other advocacy trainings or mentorship programs since your last participation?

- ☐ Yes
- ☐ No

If yes, please list the program(s) you have participated in.

* 7. Have you served as a patient advocate on any research grants or scientific review boards since your last participation?

☐ Yes

☐ No

If yes, please list the grants or review boards you have participated in.

* 8. Please provide a detailed biography describing your involvement in cancer-related advocacy. *(If selected, your response will be included in program materials.) Please do not include a CV.*

* 9. What are your advocacy priorities and plans for the year 2023?

* 10. What do you hope to gain from your participation at the AACR Annual Meeting 2023 Scientist→Survivor Program®? How do you think the AACR Annual Meeting 2023 will help you enhance your ability to serve your constituency?

11. Please list scientific topics of interest.

Topic

Topic

Topic

Topic

12. Do you have a financial and/or business interest in, consult for, and/or receive funding from (*including honorariums and travel reimbursements*) a pharmaceutical company?

☐ Yes

☐ No

If yes, please specify in what capacity and pharmaceutical company.

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Advocate Poster Session

Each accepted advocate must present a poster during the conference describing a program, initiative, or project. Please provide the title and description of the poster. If accepted, the topic and description can be changed or updated.

* 13. Title of Poster

* 14. Please provide a draft description of your poster.

* 15. Are you applying as a representative of an organization?

☐ Yes

☐ No, I'm applying at an Independent Advocate.

If yes, please list organization(s).

** An independent advocate is an advocate who is not affiliated with an organization.*

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Independent Advocate

* 16. Briefly describe your constituency.

17. Do you serve racial/ethnic minorities, the underrepresented, and the medically underserved?

☐ Yes

☐ No

If yes, please specify.

* 18. How do you serve your constituencies?

* 19. What programs and/or initiatives are you currently involved in?

20. Have you been involved with any advocacy organizations?

☐ Yes

☐ No

If yes, please list organization(s).

21. Please provide social media handle(s).

Twitter

Facebook

Instagram

LinkedIn

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Organization

22. What position do you currently hold within the organization?

- ☐ Founder
- ☐ Executive Director
- ☐ Staff
- ☐ Officer
- ☐ Board Member
- ☐ Volunteer
- ☐ Other (please specify)

* 23. Organization

Organization Name

**Executive Director /
CEO**

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

**Executive Director's
Email**

Phone Number

* 24. Organization Website

* 25. Please provide a brief description of the organization. *Description will be printed in program materials.*

* 26. Briefly describe the organization's programs and services. *Please limit your response to 250 words.*

27. Briefly describe the constituents you serve.

* 28. Do you serve racial/ethnic minorities, the underrepresented, and/or the medically underserved?

☐ Yes

☐ No

If yes, please specify.

* 29. Approximate number of constituents served annually:

* 30. How many years has the organization been in existence?

☐ Less than 1 yr.

☐ 6-10 yrs.

☐ 1-5 yrs.

☐ More than 10 yrs.

* 31. What is the geographic scope of the organization?

☐ Local

☐ State

☐ National

☐ Regional

☐ International

32. Does the organization have the following. *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> 501(c)3 status | <input type="checkbox"/> Research grant program |
| <input type="checkbox"/> A board of directors | <input type="checkbox"/> Policy program |
| <input type="checkbox"/> A newsletter | <input type="checkbox"/> Patient support program |
| <input type="checkbox"/> Other (please specify) | |

33. Please provide social media handle(s).

Twitter

Facebook

Instagram

LinkedIn

* 34. Has someone else from your organization been involved in the AACR Annual Meeting 2023 Scientist↔Survivor Program® in the past?

- ☐ Yes
- ☐ No

35. Please list the individuals who have represented the organization in the past.

Name

Name

Name

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Thank you for completing this application.

Submitting this application DOES NOT confirm that you or your organization will be selected to participate in the AACR Annual Meeting 2023 Scientist↔Survivor Program®. The selection process is competitive, as there are a limited number of spots available.

Advocates may only participate in the AACR Annual Meeting Scientist↔Survivor Program® twice. Once you have exhausted your opportunities, you may apply as an advocate mentor.

AACR will cover all travel and lodging for accepted participants during the program. However, participants are responsible for all incidental expenses including baggage fees, tips, poster costs, phone charges, laundry, meals outside the program, and rental cars.

Applicants will be notified via email. Please add ssprogram@aacr.org to your contact list to remove from spam filter.

For additional information please contact:

Patient Advocacy Program

American Association for Cancer Research

Email: ssprogram@aacr.org | Phone: 215-446-7104

We are grateful for the AACR Annual Meeting Scientist↔Survivor Program® supporters.