

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

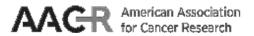
#### **Applicant Information**

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.

| Incomplete applic   | cations will not be considered.              |
|---|--|
| * 1. Applicant  |  |
| Name  |  |
| Address   |  |
| Address 2   |  |
| City/Town   |  |
| State/Province  |  |
| ZIP/Postal Code   |  |
| Country   |  |
| Email Address   |  |
| Phone Number  |  |
| cancer survivor to Caregiver Cancer Survivor Cancer Survivor Currently In Tree Research Advor | reatment ocate se vocate                     |
| If cancer survivor or   | patient, please identify the type of cancer. |
|   |  |
|   |  |

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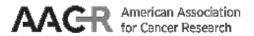


### **General Advocacy Information**

|  | Annual Meeting 2023 Sci<br>ipate? (Your selection do |  |   |
|--|--|--|---|
| O In-person  |  |  |   |
| Virtually  |  |  |   |
| 5. Rate your educa   | ational background and/c                             | r experience in the follow                 | wing areas.   |
|  | None (no direct<br>knowledge/experience)             | Mid-Level (have some training/familiarity) | Above Average (have extensive scientific training/experience) |
| Knowledge of cancer research                                 | $\bigcirc$   | $\circ$                                    | $\circ$   |
| Understanding of policy issues (funding, lobbying)           |  | $\bigcirc$                                 | $\bigcirc$  |
| Level of involvement in patient support and public education |  | 0  | $\circ$   |
| Level of involvement in cancer research                      | $\bigcirc$   | $\circ$                                    | $\circ$   |
| * 6. Have you atterparticipation?  Yes                       | ended other advocacy tra                             | ninings or mentorship pro                  | ograms since your last  |
| O No   |  |  |   |
| If yes, please list the                                      | program(s) you have participa                        | ted in.                                    |   |

| * 7. Have you sen       | rved as a patient advocate on any research grants or scientific review board articipation?  |
|-------------------------|---|
| Yes                     |   |
| ○ No                    |   |
| If yes, please list the | grants or review boards you have participated in.   |
|                         | 4   |
| <del>-</del>            | a detailed biography describing your involvement in cancer-related ed, your response will be included in program materials.) Please do                                    |
|                         |   |
|                         |   |
|                         |   |
|                         |   |
|                         |   |
| Scientist↔Survivor      | nope to gain from your participation at the AACR Annual Meeting 2023 Program®? How do you think the AACR Annual Meeting 2023 will help bility to serve your constituency? |
|                         |   |
|                         |   |
|                         | <del></del>   |

| 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. T    | itle of Poster   |
|----------|--|
| ' 14. P  | lease 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   | s, please list organization(s).  |
| : An ind | ependent advocate is an advocate who is not affiliated with an organization. |



### Independent Advocate

| 16. Briefly describe your              | constituency.  |
|--|--|
|  |  |
|  |  |
|  |  |
| 17. Do you serve racial/e underserved? | ethnic minorities, the underrepresented, and the medically |
| Yes                                    |  |
| ○ No                                   |  |
| If yes, please specify.                |  |
| if yes, pieuse speeny.                 |  |
|  |  |
| 18. How do you serve you               | ar constituencies?   |
|  |  |
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|  |  |
| 19. What programs and/o                | or initiatives are you currently involved in?              |
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|  |  |
| 20. Have you been invol                | ved with any advocacy organizations?                       |
| Yes                                    |  |
| ○ No                                   |  |
| If yes, please list organization       | u(s).  |
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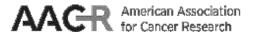


### Organization

| 22 1471                     |  |
|-----------------------------|--|
| Founder                     | n do you currently hold within the organization? |
| Executive Dire              | ector  |
| Staff                       |  |
| Officer                     |  |
| Board Membe                 | c  |
| Volunteer                   |  |
| Other (please               | specify)   |
| _                           |  |
|                             |  |
| * 23. Organization          |  |
| Organization Name           |  |
| Executive Director /        |  |
| CEO                         |  |
| Address                     |  |
| Address 2                   |  |
| City/Town                   |  |
| State/Province              |  |
| ZIP/Postal Code             |  |
| Country                     |  |
| <b>Executive Director's</b> |  |
| Email                       |  |
| Phone Number                |  |
| *04.0                       |  |
| * 24. Organization          | website  |
|                             |  |

| ogram materials.   |   |
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|  |   |
| 26. Briefly describe the organization's 50 words.  | programs and services. Please limit your response to    |
| yo words.  |   |
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| 7. Briefly describe the constituents you   | ı serve.  |
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| # 00 D   |   |
|  | rities, the underrepresented, and/or the medically      |
| underserved?   | rities, the underrepresented, and/or the medically      |
| underserved?  Yes  | rities, the underrepresented, and/or the medically      |
| underserved?  Yes  No  | rities, the underrepresented, and/or the medically      |
| underserved?  Yes  | rities, the underrepresented, and/or the medically      |
| underserved?  Yes  No  | rities, the underrepresented, and/or the medically      |
| underserved?  Yes  No  If yes, please specify.   |   |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitutions and the second se |   |
| underserved?  Yes  No  If yes, please specify.   |   |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitutions of the constitution of the constitut | nents served annually:                                  |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organization  | nents served annually:<br>zation been in existence?     |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitutions of the constitution of the constitut | nents served annually:                                  |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organization  | nents served annually:<br>zation been in existence?     |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organized Less than 1 yr.   | zation been in existence?  6-10 yrs.                    |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organized Less than 1 yr.   | zation been in existence?  6-10 yrs.  More than 10 yrs. |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  \$\$\displaystyle{\pi}\$\$  * 30. How many years has the organized Less than 1 yr.  1-5 yrs.   | zation been in existence?  6-10 yrs.  More than 10 yrs. |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organize  Less than 1 yr.  1-5 yrs.  * 31. What is the geographic scope of  | zation been in existence?  6-10 yrs.  More than 10 yrs. |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organize  Less than 1 yr.  1-5 yrs.  * 31. What is the geographic scope of Local  | zation been in existence?  6-10 yrs.  More than 10 yrs. |
| underserved?  Yes  No  If yes, please specify.  * 29. Approximate number of constitution  * 30. How many years has the organize  Less than 1 yr.  1-5 yrs.  * 31. What is the geographic scope of Local  State   | zation been in existence?  6-10 yrs.  More than 10 yrs. |

| 32. Does the organiza                | ation have the following | . Check all that apply.                |  |  |
|--------------------------------------|--------------------------|--|--|--|
| 501(c)3 status  A board of directors |                          | Research grant program  Policy program |  |  |
|                                      |                          |  |  |  |
| Other (please specif                 | y)                       |  |  |  |
|                                      |                          |  |  |  |
|                                      |                          |  |  |  |
| 33. Please provide socia             | l media handle(s).       |  |  |  |
| Twitter                              |                          |  |  |  |
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| Facebook                             |                          |  |  |  |
| Instagram                            |                          |  |  |  |
| LinkedIn                             |                          |  |  |  |
| Yes No                               |                          |  |  |  |
|                                      |                          |  |  |  |
| 35. Please list the indivi           | duals who have represe   | ented the organization in the past.    |  |  |
| Name                                 |                          |  |  |  |
| Name                                 |                          |  |  |  |
|                                      |                          |  |  |  |
| Name                                 |                          |  |  |  |
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### AACR Annual Meeting 2023 Scientist↔Survivor Program® - Past Participant Application

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.

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

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.