

**APRIL 5-10 • SAN DIEGO CONVENTION CENTER**

**Registrant Information** (\*required)

Is this a new address that should be updated in the AACR database?\*

Yes  No

Are you an AACR Member? \*  Yes  No Membership # \_\_\_\_\_

Dr.  Mr.  Ms.

Highest Degree\* (check all that apply):  MD  PhD  PharmD  DSc

Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Last/Family Name\* First Name/Middle Initial\*

\_\_\_\_\_  
Position/Title\*

\_\_\_\_\_  
Department/Division\*

\_\_\_\_\_  
Institution/Company\*

\_\_\_\_\_  
Street Address\*

\_\_\_\_\_  
City\* State or Province\* Zip/Postal Code\*

\_\_\_\_\_  
Country\* (if not U.S.)

\_\_\_\_\_  
Work Phone\* Cell Phone

\_\_\_\_\_  
Email Address\*

\_\_\_\_\_  
Assistant's Name

\_\_\_\_\_  
Assistant's Email Address

\_\_\_\_\_  
Emergency Contact\* Telephone\*

  Check this box if you require special accommodations to fully participate in the meeting. Describe briefly below:

I agree to follow the AACR Code of Conduct and related health and safety policies and requirements to attend this meeting.

I want to receive information related to conferences and other services or programs affiliated with the AACR.

**Nonmember Predoctoral Student/  
Postdoctoral and Clinical Fellow Section**

This section must be completed if you wish to register as a nonmember predoctoral graduate or medical student, postdoctoral fellow, or clinical fellow. Forms without certification will not be processed. Individuals may be contacted for verification.

**NONMEMBER PREDOCTORAL GRADUATE OR MEDICAL STUDENT/  
POSTDOCTORAL AND CLINICAL FELLOW CERTIFICATION**

I certify that the above-named student is presently enrolled at this institution and working toward a doctoral degree or fellowship in a field related to cancer research.

Graduate Student

Postdoctoral Fellow

Medical Student

Clinical Fellow

\_\_\_\_\_  
Name (Registrar, Dean, or Dept. Head)

\_\_\_\_\_  
Signature (Registrar, Dean, or Dept. Head)

\_\_\_\_\_  
Title/Department

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Email Address

**Registrant Profile** (\*required)

**Major Focus\*** (please check only one):

- Advocacy
- Basic Science
- Business Development
- Clinical Practice
- Clinical Research
- Population Science
- Research Administration
- Science Education
- Translational Research
- Other (please specify): \_\_\_\_\_

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

- Behavioral Science
- Biochemistry and Biophysics
- Bioinformatics and Computational Biology
- Biostatistics
- Cancer Disparities Research
- Carcinogenesis
- Cell Biology
- Chemistry
- Clinical Trials/Clinical Research
- Convergence Cancer Science
- Diagnostics, Biomarkers, Early Detection, and Interception
- Endocrinology
- Epidemiology
- Epigenetics
- Experimental and Molecular Therapeutics
- Genetics
- Genomics/Proteomics/Omics
- Genetic Oncology
- Hematology
- Imaging
- Immunology and Immuno-oncology
- Molecular Biology
- Pathology
- Pediatric Oncology
- Pharmacology
- Prevention Research
- Proteomics
- Radiation Science and Medicine
- Surgical Oncology
- Survivorship Research
- Tumor Biology
- 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)
- Association/Professional Organization
- Cancer Center/Cancer Institute
- Foundation/Advocacy Organization
- Government
- Hospital/Clinic/Medical Center
- Industry/Private Sector
- Law Firm/Lobbyists
- Oncology Practice
- Press
- Private Practice
- Other (please specify) \_\_\_\_\_

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.pl

**Race or Ethnic Background** (please check only one):

- African American or Black
- Alaskan Native
- Asian
- Asian American
- Caucasian
- Hispanic or Latino
- Native American
- Pacific Islander or Native Hawaiian
- Other (please specify) \_\_\_\_\_

**Gender:**  Male  Female

**Abstract Submission Deadline: November 16, 2023**

# AACR ANNUAL MEETING 2024 OFFICIAL REGISTRATION FORM

To register online, visit [AACR.org/AACR2024](https://aacr.org/AACR2024).

## AACR Annual Meeting Registration Rates

Standard registration includes full individual access to the Annual Meeting 2024, beginning with the Discovery Science Plenary Session on Saturday, April 6 and ending on Wednesday, April 10. Registrants may also purchase access to the Educational Program scheduled for Friday, April 5 through Saturday, April 6. All registrations include full individual access to the AACR Annual Meeting 2024 Virtual Meeting Platform. The platform will include both live and on-demand sessions, networking opportunities and more. Please visit [AACR.org/AACR2024](https://aacr.org/AACR2024) for additional details.

	In Person			Virtual Only		
	Early By Dec. 15	Advance By Feb. 16	After Feb. 16	Upper Income	Middle Income	Lower/Middle Low Income
<b>MEMBER RATES*</b>						
<b>Regular Meeting Sessions (April 6-10)</b>						
<input type="checkbox"/> Active	\$ 765	\$ 865	\$1,035	\$ 765	\$360	\$200
<input type="checkbox"/> Active Industry	\$ 955	\$1,085	\$1,295	\$ 955	\$465	\$280
<input type="checkbox"/> Associate	\$ 390	\$ 475	\$ 595	\$ 390	\$155	\$ 75
<input type="checkbox"/> Affiliate	\$ 630	\$ 680	\$ 795	\$ 630	\$310	\$180
<input type="checkbox"/> Student	\$ 75	\$ 85	\$ 95	\$ 75	\$ 25	\$ 10
<input type="checkbox"/> Emeritus	\$ 115	\$ 115	\$ 115	\$ 115	\$ 50	\$ 25
<input type="checkbox"/> Patient Advocate	\$ 255	\$ 275	\$ 295	\$ 195	\$ 95	\$ 65
<b>Educational Program (April 5-6)</b>						
<input type="checkbox"/> Educational Program Pass	\$ 50	\$ 50	\$ 50	\$ 50	\$ 35	\$ 25
<b>NONMEMBER RATES†</b>						
<b>Regular Meeting Sessions (April 6-10)</b>						
<input type="checkbox"/> Nonprofit	\$1,455	\$1,705	\$1,845	\$1,455	\$670	\$395
<input type="checkbox"/> Industry	\$1,740	\$1,870	\$2,105	\$1,740	\$825	\$495
<input type="checkbox"/> Predoctoral Graduate or Medical Student/ Postdoctoral or Clinical Fellow	\$ 775	\$ 805	\$ 920	\$ 775	\$355	\$210
<b>Educational Program (April 5-6)</b>						
<input type="checkbox"/> Educational Program Pass	\$ 95	\$ 95	\$ 95	\$ 95	\$ 60	\$ 40
<b>SUBTOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\*For information on membership categories and membership application submission deadlines to receive member registration rates, visit [AACR.org](https://aacr.org).

†For nonmember advocate registration information, email [advocacy@aacr.org](mailto:advocacy@aacr.org).

## AACR Foundation

I would like to make a tax-deductible gift to support the mission and work of the AACR.  \$25  \$50  \$100  \$200  \$250  \$500  \$1000

To learn more about how you can donate to the AACR Foundation to fund education and research, contact [mitch.stoller@aacr.org](mailto:mitch.stoller@aacr.org).

**SUBTOTAL** \$ \_\_\_\_\_

## Total Charged or Enclosed

Add subtotal from AACR Annual Meeting Registration Rates and your tax-deductible gift to the AACR Foundation \$ \_\_\_\_\_

## Method of Payment

Check or money order enclosed, payable to American Association for Cancer Research, in U.S. currency, drawn on a U.S. bank.

VISA  MasterCard  American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC/CVV # \_\_\_\_\_

Print Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Please check if billing address is the same as the address under **Registrant Information**. If billing address is different, please provide below.

Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

To register online, visit [AACR.org/AACR2024](https://aacr.org/AACR2024)

Fax to **708-344-4444**

Or return this form by mail to **AACR Annual Meeting 2024**  
**CompuSystems**  
**2601 Navistar Drive**  
**Lisle, IL 60532**

**Late-Breaking Abstracts and Clinical Trials Abstract Submission Deadline: January 8, 2024**