OFFICIAL REGISTRATION FORM

To register online, visit AOCR.org/AACR2024.

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

Regrettant 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 Intervention

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

Oncoology 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.

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.

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 for additional details.

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*For information on membership categories and membership application submission deadlines to receive member registration rates, visit 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.

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

[CSC/CVV #]

Card # Expiration Date

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
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