

To register online, visit AACR.org/AACR2025.

APRIL 25-30 | McCORMICK PLACE 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*

 Organization/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:

Registrant Profile (*required)

Major Focus* (please check only one):

- Advocacy
- Basic Science
- Business Development
- Clinical Practice
- Clinical Research and Biomarkers
- Regulatory Science and Health Policy
- Research Administration
- Science Education and Training
- Translational Research

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

- Aging and Cancer
- Behavioral and Implementation Science
- Biochemistry and Biophysics
- Bioengineering
- Bioinformatics, Computational Biology, and Data Science
- Biostatistics
- Cancer Disparities Research
- Cell Biology
- Chemistry and Chemical Biology
- Cancer Evolution
- Cancer Metabolism
- Cancer Modeling
- Clinical Research/Clinical Trials
- Community Practice
- Convergence Cancer Science
- Developmental Biology
- Diagnostics and Biomarkers
- Drug Discovery and Development
- Drug Resistance and Toxicity
- Early Detection and Interception
- Endocrinology
- Epigenetics
- Experimental and Molecular Therapeutics
- Genetics
- Genomics, Proteomics, and Other 'Omics
- Geriatric Oncology
- Hematology and Hematologic Malignancies
- Imaging and Theranostics
- Immunology, Immuno-oncology, and Inflammation
- Infectious Agents and Oncogenesis
- Microbiome Research
- Molecular Biology
- Oncology Nursing
- Pathology
- Pediatric Oncology
- Pharmacology and Toxicology
- Population Sciences
- Prevention Research
- Radiation Science and Medicine
- Surgical Oncology
- Survivorship Research
- Systems Biology
- Translational Research
- Tumor Biology and Tumor Microenvironment
- Other (please specify) _____

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
- Medical Student
- Postdoctoral Fellow
- Clinical Fellow

 Name (Registrar, Dean, or Dept. Head)

 Signature (Registrar, Dean, or Dept. Head)

 Title/Department

 Institution

 Email Address

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, please

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 Nonbinary Prefer not to disclose

Abstract Submission Deadline: November 26, 2024

AACR ANNUAL MEETING 2025 OFFICIAL REGISTRATION FORM

To register online, visit AACR.org/AACR2025.

AACR Annual Meeting Registration Rates

Standard registration includes full individual access to the Annual Meeting 2025, beginning with the Discovery Science Plenary Session on Saturday, April 26 and ending on Wednesday, April 30. Registrants may also purchase access to the Educational Program scheduled for Friday, April 25 through Saturday, April 26. All registrations include full individual access to the AACR Annual Meeting 2025 Virtual Meeting Platform. The platform will include both live and on-demand sessions, networking opportunities and more. Please visit AACR.org/AACR2025 for additional details.

	In Person			Virtual Only		
	Early By Jan. 3	Advance By Mar. 7	After Mar. 7	Upper Income	Middle Income	Lower/Middle Low Income
MEMBER RATES*						
Regular Meeting Sessions (April 26-30)						
<input type="checkbox"/> Active	\$ 795	\$ 905	\$1,100	\$ 795	\$370	\$210
<input type="checkbox"/> Active Industry	\$1,015	\$1,150	\$1,375	\$1,015	\$495	\$295
<input type="checkbox"/> Associate	\$ 405	\$ 500	\$ 630	\$ 405	\$165	\$ 80
<input type="checkbox"/> Affiliate	\$ 675	\$ 785	\$ 895	\$ 675	\$325	\$195
<input type="checkbox"/> Student	\$ 80	\$ 85	\$ 95	\$ 80	\$ 25	\$ 10
<input type="checkbox"/> Emeritus	\$ 135	\$ 145	\$ 155	\$ 135	\$ 55	\$ 30
<input type="checkbox"/> Patient Advocate	\$ 265	\$ 285	\$ 305	\$ 265	\$100	\$ 70
Educational Program (April 25-26)						
<input type="checkbox"/> Educational Program Pass	\$ 50	\$ 50	\$ 50	\$ 50	\$ 35	\$ 25
NONMEMBER RATES†						
Regular Meeting Sessions (April 26-30)						
<input type="checkbox"/> Nonprofit	\$1,495	\$1,755	\$1,895	\$1,495	\$695	\$405
<input type="checkbox"/> Industry	\$1,775	\$1,905	\$2,155	\$1,775	\$845	\$505
<input type="checkbox"/> Predoctoral Graduate or Medical Student/ Postdoctoral or Clinical Fellow	\$ 795	\$ 825	\$ 945	\$ 795	\$365	\$215
Educational Program (April 25-26)						
<input type="checkbox"/> Educational Program Pass	\$ 95	\$ 95	\$ 95	\$ 95	\$ 60	\$ 40
SUBTOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

†For nonmember advocate registration information, email 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.

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

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.) _____

Card # _____ Expiration Date _____ CSC/CVV # _____

Print Name of Cardholder _____

Signature of Cardholder _____

To register online, visit AACR.org/AACR2025

Fax to **708-344-4444**

Or return this form by mail to **AACR Annual Meeting 2025**

CompuSystems
2601 Navistar Drive
Lisle, IL 60532

**Late-Breaking Abstracts and Clinical Trials Abstract
Submission Deadline: January 16, 2025**