

An AACR Special Conference on
**PANCREATIC CANCER:
 ADVANCES IN SCIENCE
 AND CLINICAL CARE**

September 6-9, 2019 • Westin Copley Place • Boston, MA

REGISTRATION FORM

Advance Registration Deadline:
July 26, 2019

Register online at **www.AACR.org**

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

Name and Address Information

AACR Membership # _____ Nonmember

Dr. _____
 Mr. _____
 Ms. _____
 Last/Family Name _____

First Name/Middle Initial _____

Degree (check all that apply): PhD MD PharmD DSc Other (specify) _____

Title/Position _____

Department/Division _____

Institution _____

Street/Building or Post Office Box _____

City/State or Province _____

Zip or Postal Code/Country _____

Telephone _____ Fax _____

Email _____

Emergency Contact Name _____ Phone _____

New address. Please change my AACR mailing information.
 If you will require special accommodations, please specify: _____



Registrant Profile (*required)

Major Focus* (please check only one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Population Science | <input type="checkbox"/> Science Education |
| <input type="checkbox"/> Translational Research | <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Business Development |
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Research Administration |
| <input type="checkbox"/> Other (please specify) _____ | | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Biochemistry and Biophysics | <input type="checkbox"/> Epigenetics | <input type="checkbox"/> Pediatric Oncology |
| <input type="checkbox"/> Biostatistics in Clinical Trials | <input type="checkbox"/> Experimental and Molecular Therapeutics | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Bioinformatics and Computational Biology | <input type="checkbox"/> Genetics | <input type="checkbox"/> Prevention and Interception Research |
| <input type="checkbox"/> Cancer Disparities Research | <input type="checkbox"/> Genomics/Proteomics/Other -Omics | <input type="checkbox"/> Radiation Science and Medicine |
| <input type="checkbox"/> Carcinogenesis | <input type="checkbox"/> Geriatric Oncology | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Hematology | <input type="checkbox"/> Survivorship Research |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Immunology and Immuno-Oncology | <input type="checkbox"/> Systems Biology and Convergence |
| <input type="checkbox"/> Clinical Research/Clinical Trials | <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Tumor Biology |
| <input type="checkbox"/> Diagnostics and Biomarkers | <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Virology |
| <input type="checkbox"/> Endocrinology | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Work Setting* (please check only one):

- | | |
|--|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Industry/Private Sector |
| <input type="checkbox"/> Association/Professional Organization | <input type="checkbox"/> NCI-Designated Cancer Center |
| <input type="checkbox"/> Foundation/Advocacy Organization | <input type="checkbox"/> Nonprofit Research Institute |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other Cancer Center/Institute |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Other (please specify) _____ | |

Race or Ethnic Background (check only one):

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Gender: Male Female

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.

Registration Rates

Please circle the appropriate rate(s):

	Advance Registration Until July 26	Regular Registration After July 26
AACR Members		
Active (REGA) and Affiliate (REGF)	\$ 850	\$1,050
Associate (REGS)	\$ 530	\$ 685
Emeritus (REGE)	\$ 530	\$ 685
Student (REGU)		
(Undergraduate and High School)	\$ 150	\$ 150
Patient Advocate	\$ 250	\$ 350
Nonmembers		
Academic, Government, and Not-for-Profit Institutions (NNP)	\$1,125	\$1,285
Industry (NN)	\$1,355	\$1,475
Pre-/Postdoctoral Student (STU)**	\$ 645	\$ 790
Patient Advocate†	\$ 350	\$ 450

Total Enclosed or Charged U.S.\$ _____

**Nonmember Pre/Postdoctoral Student or Fellow registrants must have their Registrar, Dean, or Department Head certify that they are enrolled at the university and working toward a degree or fellowship in a field related to cancer research.

†If you are a Nonmember Patient Advocate registering for this conference, you must send a biography and pamphlet of your organization to the AACR Survivor and Patient Advocacy Department at advocacy@aacr.org for verification.

Refund Policy: Requests for refunds must be made in writing. There will be a \$75 processing fee for cancellations until August 6, 2019. After August 6, 2019, no refunds can be given.

Financial Support for Attendance

AACR is pleased to provide financial assistance to eligible investigators for participation in this conference, subject to availability of funding. Additional information, including award application instructions, is available on the Financial Support for Attendance webpage for this conference.

Method of Payment

- Check or money order enclosed, payable to American Association for Cancer Research, drawn on a U.S. bank.
 VISA MasterCard American Express

Card# _____ CSC/CVV# _____ Expiration Date _____

Print Name of Cardholder _____

Signature of Cardholder _____

Registration fees are payable in U.S. dollars only. Personal checks are acceptable if payable through a U.S. bank.

**Nonmember Predoctoral Student/Postdoctoral or Clinical Fellow Certification

"I certify that the above named person is presently enrolled at this University in the following category and working toward a degree or fellowship in a field related to cancer research."

- Graduate Student Medical Student Resident Clinical Fellow Postdoctoral Fellow

Name (Registrar, Dean, or Dept. Head) _____

Signature (Registrar, Dean, or Dept. Head) _____

Title _____

University _____

Email _____

Return to:

Pancreatic Cancer
 American Association for Cancer Research
 615 Chestnut Street, 17th Floor
 Philadelphia, PA 19106-4404
 Phone 215-440-9300
 Fax 215-446-9925



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