

ADVANCE REGISTRATION FORM

FOR OFFICE USE ONLY • Group ID Code

2011 CTRC-AACR San Antonio Breast Cancer Symposium • December 6–10, 2011

COMPLETE ALL SECTIONS FULLY • ONE INDIVIDUAL PER FORM

CIRCLE ONE Dr. Prof. Mr. Mrs. Ms. Miss	LAST NAME _____	FIRST NAME _____	MI _____
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DEGREE(s) (or Equivalent) MD DO PhD PharmD RN Other _____	INSTITUTION, COMPANY, or ORGANIZATION NAME _____
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DEPARTMENT _____

ADDRESS 1 _____

ADDRESS 2 _____ **CITY** _____

STATE or PROVINCE _____ **COUNTRY (if not US)** _____

ZIP OR POSTAL CODE _____ **TELEPHONE NUMBER, WITH COUNTRY & CITY CODES** _____ **FAX NUMBER, WITH COUNTRY & CITY CODES** _____

E-MAIL ADDRESS (PLEASE NOTE: CME/Evaluations will be sent by email to the address provided) _____

EMERGENCY CONTACT NAME & PHONE NUMBER _____

SPOUSE-IF ATTENDING: One spouse registration can be included with each regular registration. **Note:** Spouse registration permits access to EXHIBITS ONLY and does not include symposium materials and is not valid for CME credits.

SPOUSE LAST NAME _____	SPOUSE FIRST NAME _____
MI _____	MI _____

PRIMARY PROFESSIONAL FOCUS

- (Check ONE only):**
- Medical Practice/Clinical Research
 - Basic Research
 - Epidemiology
 - Prevention
 - Translational Research
 - Other

PRIMARY PROFESSIONAL OCCUPATION (Check ONE only):

- | | | | |
|--|---|--|--|
| <p style="text-align: center;">Medical Practice/Clinical Research</p> <ul style="list-style-type: none"> <input type="checkbox"/> 01 Medical Oncologist <input type="checkbox"/> 02 Surgical Oncologist <input type="checkbox"/> 03 Radiation Oncologist <input type="checkbox"/> 04 General Surgeon <input type="checkbox"/> 05 Gynecologic Oncologist <input type="checkbox"/> 06 Pathologist <input type="checkbox"/> 07 Radiologist | <p style="text-align: center;">Basic Research</p> <ul style="list-style-type: none"> <input type="checkbox"/> 08 Clinical Geneticist <input type="checkbox"/> 09 Oncology Nurse <input type="checkbox"/> 10 Research Nurse <input type="checkbox"/> 11 Data Manager <input type="checkbox"/> 12 Other Physician <input type="checkbox"/> 13 Other Nurse | <p style="text-align: center;">Industry</p> <ul style="list-style-type: none"> <input type="checkbox"/> 20 Laboratory Scientist <input type="checkbox"/> 21 Statistician <input type="checkbox"/> 22 Epidemiologist <input type="checkbox"/> 23 Postdoctoral Fellow <input type="checkbox"/> 24 Research Assistant <input type="checkbox"/> 25 Student | <p style="text-align: center;">Other Profession</p> <ul style="list-style-type: none"> <input type="checkbox"/> 30 Corporate Research <input type="checkbox"/> 31 Marketing/Sales <input type="checkbox"/> 32 Industry Nurse <input type="checkbox"/> 33 Pharmaceutical Rep <input type="checkbox"/> 34 Industry PR <input type="checkbox"/> 35 Other Industry <input type="checkbox"/> 40 Patient Advocate <input type="checkbox"/> 41 Administrator <input type="checkbox"/> 42 Other PR <input type="checkbox"/> 43 Press/Media <input type="checkbox"/> 44 Medical Writer <input type="checkbox"/> 45 Pharmacist <input type="checkbox"/> 46 Other Occupation |
|--|---|--|--|

REGISTRATION CATEGORY:

- Regular Registration _____
- Regular Registration: AACR members _____
- AACR member ID: _____
- Regular Registration: UTHSCSA & BCM staff & faculty (Valid ID required w/registration) _____
- Postdoctoral MD in training _____
- Postdoctoral PhD in training _____
- Press _____
- Student (Valid ID required w/registration) _____
- Patient Advocate* (Must provide name of the organization you are representing) _____
- Advocate Organization _____

(Check One)	
ADVANCE	ON SITE
RRA <input type="checkbox"/> \$ 425	\$575
CRA <input type="checkbox"/> \$ 375	\$525

ST <input type="checkbox"/> \$ 375	\$525
PMA <input type="checkbox"/> \$ 90	\$100
PPA <input type="checkbox"/> \$ 90	\$100
PS <input type="checkbox"/> \$ 0	\$ 0
SU <input type="checkbox"/> \$ 0	\$ 0
PAA <input type="checkbox"/> \$ 90	\$100

*Contact **Alamo Breast Cancer Foundation** PO Box 780067, San Antonio TX 78278, for Advocate Program information and possible financial assistance • E-mail sandisues@sbcglobal.net

Are you part of an official Group Registration? No Yes

(Provide Group ID Code here.) _____

REFUNDS: Cancellations received on or before November 18, 2011 will be refunded less processing fees. Cancellations received after November 18, 2011 are non-refundable.

Mail to:
SABCS Registration c/o OnPeak
240 Peachtree St. 22-S-10
Atlanta, GA 30303

OR fax to:
888-298-9883
or 1 404-920-3258
(International)

Registration inquiries may be directed to: sabcsreg@onpeakevents.com
or by phone 877-517-3040 (US & Canada) or 678-553-7223 x 2301 (International).

Total for Registration Fee\$ _____

Wire Transfer Fee \$30 (if applicable).....\$ _____

Printed abstract book \$30\$ _____

TOTAL AMOUNT DUE.....\$ _____

Payment must be in US Currency. • Checks must be drawn on US bank.

SABCS ABSTRACT BOOK: Each SABCS registrant will receive a log-in & password which will allow access to SABCS abstracts, slides & posters on line. Printed abstract books can be purchased for \$30 when registering in advance or on site.

PAYMENT TYPE: (No Purchase Orders.)

- Payment is being made by Group Contact.
- Check/Money Order/Draft.
(Make payable to UTHSCSA #130471)
- Wire Transfer, your bank to ours. Add \$30 to the total for transfer fees.

Instructions for wire transfer will be sent to you by E-mail after your registration is received by SABCS.

AMEX MasterCard Visa Discover

Credit Card Number _____

Exp Date (MM/YY) _____

Cardholder Name _____

Signature _____

Pursuant to the Americans With Disability Act, I require specific aids or services during my visit. Please contact SABCS with your needs to SABCS@uthscsa.edu.

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