

# ADVANCE REGISTRATION FORM

FOR OFFICE USE ONLY • Group ID Code

**33<sup>rd</sup> Annual San Antonio Breast Cancer Symposium • December 8-12, 2010**

**COMPLETE ALL SECTIONS FULLY • ONE INDIVIDUAL PER FORM**

<b>CIRCLE ONE</b>		
Dr. Prof. Mr. Mrs. Ms. Miss	LAST NAME	FIRST NAME
		MI

<b>DEGREE(s) (or Equivalent)</b>	INSTITUTION, COMPANY, or ORGANIZATION NAME
MD DO PhD PharmD RN Other _____	

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 \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE NUMBER \_\_\_\_\_

**GUEST**—One guest registration can be included with each regular registration. **Note:** Guest registration permits access to EXHIBITS ONLY and does not include symposium materials and is not valid for CME credits.

GUEST LAST NAME	GUEST FIRST NAME	MI
_____	_____	_____

<b>PRIMARY PROFESSIONAL FOCUS</b> <small>(Check ONE only):</small> <input type="checkbox"/> Medical Practice/Clinical Research <input type="checkbox"/> Basic Research <input type="checkbox"/> Epidemiology <input type="checkbox"/> Prevention <input type="checkbox"/> Translational Research <input type="checkbox"/> Other	<b>PRIMARY PROFESSIONAL OCCUPATION</b> <small>(Check ONE only):</small> <table style="width: 100%; font-size: x-small;"> <tr> <td style="text-align: center;">Medical Practice/Clinical Research</td> <td style="text-align: center;">Basic Research</td> <td style="text-align: center;">Industry</td> <td style="text-align: center;">Other Profession</td> </tr> <tr> <td><input type="checkbox"/> 01 Medical Oncologist</td> <td><input type="checkbox"/> 08 Clinical Geneticist</td> <td><input type="checkbox"/> 20 Laboratory Scientist</td> <td><input type="checkbox"/> 30 Corporate Research</td> </tr> <tr> <td><input type="checkbox"/> 02 Surgical Oncologist</td> <td><input type="checkbox"/> 09 Oncology Nurse</td> <td><input type="checkbox"/> 21 Statistician</td> <td><input type="checkbox"/> 31 Marketing/Sales</td> </tr> <tr> <td><input type="checkbox"/> 03 Radiation Oncologist</td> <td><input type="checkbox"/> 10 Research Nurse</td> <td><input type="checkbox"/> 22 Epidemiologist</td> <td><input type="checkbox"/> 32 Industry Nurse</td> </tr> <tr> <td><input type="checkbox"/> 04 General Surgeon</td> <td><input type="checkbox"/> 11 Data Manager</td> <td><input type="checkbox"/> 23 Postdoctoral Fellow</td> <td><input type="checkbox"/> 33 Pharmaceutical Rep</td> </tr> <tr> <td><input type="checkbox"/> 05 Gynecologic Oncologist</td> <td><input type="checkbox"/> 12 Other Physician</td> <td><input type="checkbox"/> 24 Research Assistant</td> <td><input type="checkbox"/> 34 Industry PR</td> </tr> <tr> <td><input type="checkbox"/> 06 Pathologist</td> <td><input type="checkbox"/> 13 Other Nurse</td> <td><input type="checkbox"/> 25 Student</td> <td><input type="checkbox"/> 35 Other Industry</td> </tr> <tr> <td><input type="checkbox"/> 07 Radiologist</td> <td></td> <td></td> <td><input type="checkbox"/> 40 Patient Advocate</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 41 Administrator</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 42 Other PR</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 43 Press/Media</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 44 Medical Writer</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 45 Pharmacist</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 46 Other Occupation</td> </tr> </table>	Medical Practice/Clinical Research	Basic Research	Industry	Other Profession	<input type="checkbox"/> 01 Medical Oncologist	<input type="checkbox"/> 08 Clinical Geneticist	<input type="checkbox"/> 20 Laboratory Scientist	<input type="checkbox"/> 30 Corporate Research	<input type="checkbox"/> 02 Surgical Oncologist	<input type="checkbox"/> 09 Oncology Nurse	<input type="checkbox"/> 21 Statistician	<input type="checkbox"/> 31 Marketing/Sales	<input type="checkbox"/> 03 Radiation Oncologist	<input type="checkbox"/> 10 Research Nurse	<input type="checkbox"/> 22 Epidemiologist	<input type="checkbox"/> 32 Industry Nurse	<input type="checkbox"/> 04 General Surgeon	<input type="checkbox"/> 11 Data Manager	<input type="checkbox"/> 23 Postdoctoral Fellow	<input type="checkbox"/> 33 Pharmaceutical Rep	<input type="checkbox"/> 05 Gynecologic Oncologist	<input type="checkbox"/> 12 Other Physician	<input type="checkbox"/> 24 Research Assistant	<input type="checkbox"/> 34 Industry PR	<input type="checkbox"/> 06 Pathologist	<input type="checkbox"/> 13 Other Nurse	<input type="checkbox"/> 25 Student	<input type="checkbox"/> 35 Other Industry	<input type="checkbox"/> 07 Radiologist			<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
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**REGISTRATION CATEGORY:**

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

(Check One)	
Until 10/31/10	Beginning 11/1/10
RRA <input type="checkbox"/> \$ 400	\$575
CRA <input type="checkbox"/> \$ 350	\$500

PMA <input type="checkbox"/> \$ 65	\$75
PPA <input type="checkbox"/> \$ 65	\$75
SU <input type="checkbox"/> \$ 0	\$0
ST <input type="checkbox"/> \$ 0	\$0
PAA <input type="checkbox"/> \$ 65	\$75

Total for Registration Fee .....\$ \_\_\_\_\_

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

**TOTAL AMOUNT DUE.....\$ \_\_\_\_\_**

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

**PAYMENT TYPE:** (No Purchase Orders.)

Payment is being made by Group Contact.

Check/Money Order/Draft. (Make payable to UTHSCSA #127259)

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 \_\_\_\_\_

Advocate Organization \_\_\_\_\_

\*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](mailto: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 17, 2010 will be refunded less processing fees. Cancellations received after November 17, 2010 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 404-920-3258  
 (International)

Registration inquiries may be directed to: [sabcsreg@onpeakevents.com](mailto:sabcsreg@onpeakevents.com)  
 or by phone 877-517-3040 (US & Canada) or 404-584-7458 x2651 (International).

Pursuant to the Americans With Disability Act, I require specific aids or services during my visit.     Audio     Visual     Mobile