

2017 San Antonio Breast Cancer Symposium



EVENT AUDIT



DATES OF EVENT:
 Conference & Exhibits: December 5-9, 2017

LOCATION:
 Henry B. Gonzalez Convention Center; San Antonio, TX

EVENT PRODUCER/MANAGER:
 Company Name: Cancer Therapy & Research Center at UT Health Science Center San Antonio
 Address: 7979 Wurzbach Road, Mail Code 8224
 San Antonio, TX 78229
 Phone: 210-450-1558
 Website (Show): www.sabcs.org

REGISTRATION COMPANY:
 Cancer Therapy & Research Center at UT Health Science Center San Antonio
 Phone: 210-450-1558

YEAR EVENT ESTABLISHED:
 1977

FREQUENCY:
 Annual

DATES OF NEXT EVENT:
 Conference & Exhibits: December 4-8, 2018

LOCATION:
 Henry B. Gonzalez Convention Center; San Antonio, TX

1. STATEMENT OF MARKET SERVED

San Antonio Breast Cancer Symposium is presented by the Cancer Therapy & Research Center at UT Health Science Center San Antonio, the American Association for Cancer Research, and Baylor College of Medicine. The shared mission of the organizations is to advance the field of breast cancer research and treatment and to present current information for basic, translational and clinical cancer research professionals. The symposium is designed to provide information on the experimental biology, etiology, prevention, diagnosis, and therapy of breast cancer and premalignant breast disease to an international audience of academic and private physicians and researchers involved in breast cancer in medical, surgical, gynecologic, and radiation oncology, as well as other appropriate health care professionals.

2. STATEMENT OF VERIFICATION METHODOLOGY

Pre-registered attendees have their badge mailed or it is received by visiting a manned station. When arriving on-site pre-registrants receive a badge holder and the barcode on their badge is scanned which inserts a date stamp into the record. At a manned station an attendant will look-up their record, verify the attendee and then print the badge. When the badge is printed it is also verified at the same time with the date and time stamp of when they printed their badge. If a badge was re-printed the original data and time stamp is retained.

3. AUDITED UNIQUE ATTENDEE ANALYSIS

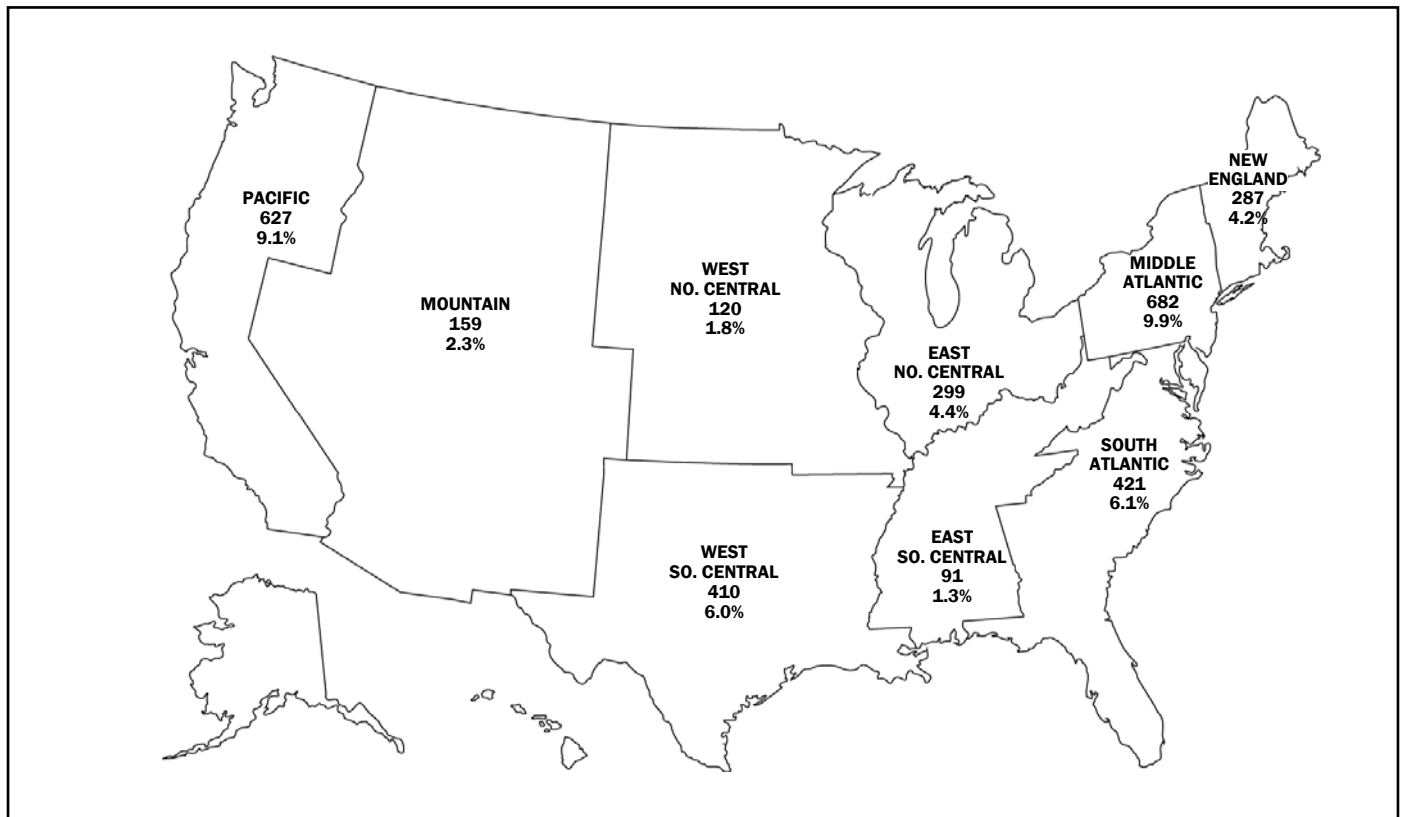
Year which Event was Held	Event Location	Conference Attendees	Subtotal: Conference Attendees	Media	Exhibitors, Non-Exhibiting Sponsors & their Support Staff	Total Unique Attendance
2017	Henry B. Gonzalez Convention Center; San Antonio, TX	6,869	6,869	140	444	7,453
2016	Henry B. Gonzalez Convention Center; San Antonio, TX	7,011	7,011	136	323	7,470
2015	Henry B. Gonzalez Convention Center; San Antonio, TX	7,004	7,004	167	405	7,576
2014	Henry B. Gonzalez Convention Center; San Antonio, TX	7,362	7,362	206	345	7,913
2013	Henry B. Gonzalez Convention Center; San Antonio, TX	7,403	7,403	85	137	7,625
2012	Henry B. Gonzalez Convention Center; San Antonio, TX	7,121	7,121	151	312	7,584
2011	Henry B. Gonzalez Convention Center; San Antonio, TX	7,131	7,131	170	423	7,724

4a. PRIMARY PROFESSIONAL OCCUPATION			
PRIMARY PROFESSIONAL OCCUPATION	TOTAL CONFERENCE ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY PROFESSIONAL OCCUPATION
Medical Practice/Clinical research			
Medical Oncologist _____	2,203	32.1	32.5
Surgical Oncologist/General Surgeon _____	511	7.4	7.5
Radiation Oncologist _____	143	2.1	2.1
Gynecologic Oncologist _____	195	2.8	2.9
Reconstructive Surgeon _____	5	0.1	0.1
Pathologist _____	94	1.4	1.4
Radiologist _____	27	0.4	0.4
Oncology Nurse _____	26	0.4	0.4
Research Nurse _____	13	0.2	0.2
Data Manager _____	22	0.3	0.3
Other Physician _____	254	3.7	3.8
Other Nurse _____	13	0.2	0.2
Trainee (Clinical Fellow) _____	91	1.3	1.4
Nurse Practitioner _____	36	0.5	0.5
Physicians Assistant _____	13	0.2	0.2
Physician Scientist _____	103	1.5	1.5
Clinical Geneticist _____	56	0.8	0.8
Basic Research			
Laboratory Scientist _____	239	3.5	3.5
Statistician _____	68	1.0	1.0
Epidemiologist _____	44	0.6	0.7
Research Assistant _____	43	0.6	0.6
Basic Research Trainee _____	196	2.8	2.9
Industry			
Corporate Research _____	493	7.2	7.3
Marketing/Sales _____	338	4.9	5.0
Industry Nurse _____	8	0.1	0.1
Pharmaceutical Rep _____	88	1.3	1.3
Industry PR _____	48	0.7	0.7
Other Industry _____	630	9.2	9.3
Other Professional			
Patient Advocate _____	166	2.4	2.4
Administrator _____	111	1.6	1.6
Other PR _____	5	0.1	0.1
Medical Writer _____	41	0.6	0.6
Pharmacist _____	102	1.5	1.5
Other Occupation _____	355	5.2	5.2
Total Conference Attendees Identified by Primary Professional Occupation	6,780	98.7	100.0
Total Conference Attendees Not Identified by Primary Professional Occupation	89	1.3	
TOTAL CONFERENCE ATTENDEES	6,869	100.0	
4b. PRIMARY PROFESSIONAL FOCUS			
PRIMARY PROFESSIONAL FOCUS	TOTAL CONFERENCE ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY PRIMARY FOCUS
Medical Practice/Clinical Research _____	4,012	58.4	59.0
Basic Research _____	649	9.5	9.5
Epidemiology _____	76	1.1	1.1
Prevention _____	72	1.0	1.1
Translational Research _____	584	8.5	8.6
Other _____	1,405	20.5	20.7
Total Conference Attendees Identified by Primary Professional Focus	6,798	99.0	100.0
Total Conference Attendees Not Identified by Primary Professional Focus	71	1.0	
TOTAL CONFERENCE ATTENDEES	6,869	100.0	
4c. PRIMARY DEGREE			
PRIMARY DEGREE	TOTAL CONFERENCE ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY PRIMARY DEGREE
MD _____	1,944	28.3	48.2
MD/PhD _____	422	6.1	10.5
MD/MPH _____	57	0.8	1.4
MD/MSc _____	71	1.0	1.8
DO _____	35	0.5	0.9
PhD _____	713	10.4	17.7
MBBS _____	95	1.4	2.4
MB ChB _____	34	0.5	0.8
PharmD _____	118	1.7	2.9
PA _____	11	0.2	0.3
NP _____	31	0.5	0.8
BSN/RN _____	69	1.0	1.7
DSc _____	14	0.2	0.3
BSc _____	94	1.4	2.3
Other (Including but not limited to BA, MBA, MSc, etc.) _____	323	4.7	8.0
Total Conference Attendees Identified by Primary Degree	4,031	58.7	100.0
Total Conference Attendees Not Identified by Primary Degree	2,838	41.3	
TOTAL CONFERENCE ATTENDEES	6,869	100.0	

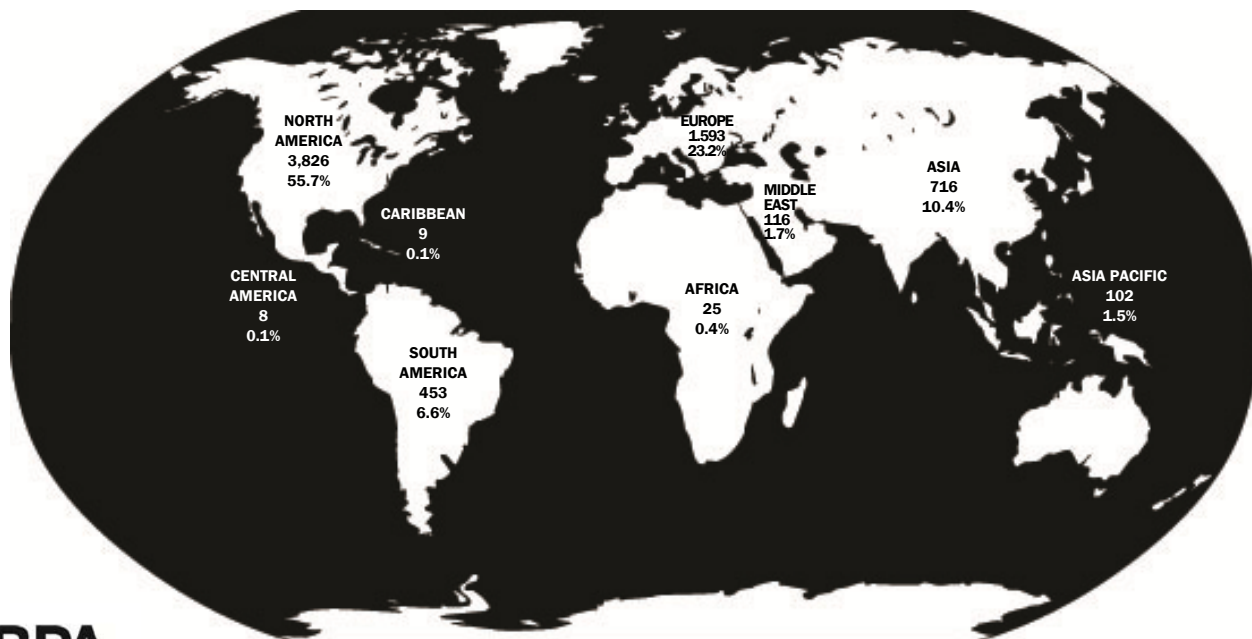
5. AUDITED U.S. GEOGRAPHIC BREAKOUT OF CONFERENCE ATTENDEES

REGION & STATE	TOTAL OF REGION/STATE	PERCENT OF TOTAL
NEW ENGLAND	287	4.2
Connecticut (CT) _____	40	
Maine (ME) _____	3	
Massachusetts (MA) _____	222	
New Hampshire (NH) _____	9	
Rhode Island (RI) _____	9	
Vermont (VT) _____	4	
MIDDLE ATLANTIC	682	9.9
New Jersey (NJ) _____	255	
New York (NY) _____	248	
Pennsylvania (PA) _____	179	
EAST NO. CENTRAL	299	4.4
Illinois (IL) _____	95	
Indiana (IN) _____	60	
Michigan (MI) _____	49	
Ohio (OH) _____	61	
Wisconsin (WI) _____	34	
WEST NO. CENTRAL	120	1.8
Iowa (IA) _____	7	
Kansas (KS) _____	17	
Minnesota (MN) _____	46	
Missouri (MO) _____	25	
Nebraska (NE) _____	7	
North Dakota (ND) _____	2	
South Dakota (SD) _____	16	
SOUTH ATLANTIC	421	6.1
Delaware (DE) _____	61	
Florida (FL) _____	91	
Georgia (GA) _____	40	
Maryland (MD) _____	91	
North Carolina (NC) _____	71	
South Carolina (SC) _____	6	
Virginia (VA) _____	33	
Washington, DC _____	24	
West Virginia (WV) _____	4	

REGION & STATE	TOTAL OF REGION/STATE	PERCENT OF TOTAL
EAST SO. CENTRAL	91	1.3
Alabama (AL) _____	17	
Kentucky (KY) _____	22	
Mississippi (MS) _____	2	
Tennessee (TN) _____	50	
WEST SO. CENTRAL	410	6.0
Arkansas (AR) _____	6	
Louisiana (LA) _____	20	
Oklahoma (OK) _____	3	
Texas (TX) _____	381	
MOUNTAIN	159	2.3
Arizona (AZ) _____	38	
Colorado (CO) _____	37	
Idaho (ID) _____	3	
Montana (MT) _____	1	
Nevada (NV) _____	5	
New Mexico (NM) _____	7	
Utah (UT) _____	68	
Wyoming (WY) _____	-	
PACIFIC	627	9.1
Alaska (AK) _____	-	
California (CA) _____	505	
Hawaii (HI) _____	4	
Oregon (OR) _____	25	
Washington (WA) _____	93	
STATE NOT IDENTIFIED	407	5.9
UNITED STATES	3,503	51.0
INTERNATIONAL	3,345	48.7
APO & FPO _____	-	
Canada _____	193	
Mexico _____	125	
Other International _____	3,022	
US territories _____	5	
Total Conference Attendees Identified by Region & State	6,848	99.7
Total Conference Attendees Not Identified by Region & State	21	0.3
TOTAL CONFERENCE ATTENDEES	6,869	100.0



5a. AUDITED GLOBAL GEOGRAPHIC BREAKOUT OF CONFERENCE ATTENDEES					
REGION & COUNTRY	TOTAL OF REGION/COUNTRY	PERCENT OF TOTAL	REGION & COUNTRY	TOTAL OF REGION/COUNTRY	PERCENT OF TOTAL
ASIA	716	10.4	ROMANIA	28	
ARMENIA	1		RUSSIAN FEDERATION	19	
BRUNEI DARSSALAM	2		SERBIA	1	
BANGLADESH	5		SLOVAKIA	4	
CHINA	210		SLOVENIA	4	
HONG KONG	13		SPAIN	154	
INDIA	14		SWEDEN	62	
INDONESIA	8		SWITZERLAND	92	
JAPAN	242		TURKEY	45	
KOREA-REPUBLIC OF (KOR)	2		UNITED KINGDOM	186	
SOUTH KOREA	85		NORTH AMERICA	3,826	55.7
MACAO	1		CANADA	193	
PAKISTAN	6		MEXICO	125	
PHILIPPINES	18		UNITED STATES OF AMERICA (INCLUDING APO & FPO, & TERRITORIES)	3,508	
SINGAPORE	14		CENTRAL AMERICA	8	0.1
TAIWAN	55		COSTA RICA	3	
THAILAND	32		EL SALVADOR	1	
VIETNAM	8		GUATEMALA	1	
MIDDLE EAST	116	1.7	NICARAGUA	1	
IRAN, ISLAMIC REPUBLIC OF	1		PANAMA	2	
BAHRAIN	2		AFRICA	25	0.4
ISRAEL	40		ALGERIA	5	
JORDAN	6		EGYPT	3	
KUWAIT	3		MOROCCO	9	
LEBANON	3		NIGERIA	2	
OMAN	3		TUNISIA	6	
QATAR	4		CARIBBEAN	9	0.1
SAUDI ARABIA	32		ARUBA	1	
SYRIAN ARAB REPUBLIC	1		BARBADOS	2	
UNITED ARAB EMIRATES	21		DOMINICAN REPUBLIC	6	
EUROPE	1,593	23.2	SOUTH AMERICA	453	6.6
AUSTRIA	60		ARGENTINA	118	
BELGIUM	67		BOLIVIA	3	
BULGARIA	4		BRAZIL	175	
BOSNIA and HERZEGOVINA	2		CHILE	23	
CROATIA	11		COLOMBIA	55	
CYPRUS	1		ECUADOR	22	
CZECH REPUBLIC	25		PARAGUAY	5	
DENMARK	42		PERU	32	
FINLAND	24		URUGUAY	20	
FRANCE	133		ASIA PACIFIC	102	1.5
GERMANY	224		AUSTRALIA	88	
GREECE	16		NEW ZEALAND	14	
HUNGARY	15		Total Conference Attendees Identified by Region	6,848	99.7
ICELAND	4		Total Conference Attendees Not Identified by Region	21	0.3
IRELAND	43				
ITALY	134				
LATVIA	6				
LITHUANIA	6				
NETHERLANDS	98				
NORWAY	33				
POLAND	33				
PORTUGAL	17				
			TOTAL CONFERENCE ATTENDEES	6,869	100.0





40
YEARS
ANNIVERSARY

2017
DEC. 5-9

SAN ANTONIO
BREAST CANCER SYMPOSIUM
Henry & Sibley Convention Center, San Antonio, Texas, USA

Onsite Registration Form

Both hotel acknowledgement number and hotel name must be entered to receive 15% discount off registration. Must be in SABCS hotel block to qualify for discount.

Hotel Acknowledgement Number (Required for Discount) _____

Hotel Name (Required for Discount) _____

REGISTRATION INFORMATION

Title: Dr. Prof. Mr. Mrs. Ms. Miss

Primary Degree: BS BSc BSN CHB DO Dr Med DSc MBS MB ChB MD MD MPH MD HSc MD PhD NP PA PharmD PhD RN Other _____

First/Given Name* _____ Last/Family Name* _____

Institution, Company or Organization* _____

Department* _____

Address _____

City* _____ State or Province* _____

Country* _____ Zip or Postal Code* _____

Phone Number* _____ Mobile Number* _____

Email: Registration Confirmation will be sent to this email* _____

Email: Evaluation (CME) will be sent to this email* _____

National Provider Identifier (NPI) - If US MD _____

Go to <http://www.registry.cms.gov> to review NPI.

Please include me in the mailing list for printed SABCS information I will be claiming CME Yes No Yes No

PRIMARY PROFESSIONAL FOCUS & OCCUPATION CATEGORIES

FOCUS* (CHECK ONE)
 Basic Research Clinical Research Epidemiology Medical Practice Prevention Translational Research Other _____

OCCUPATION* (CHECK ONE)

<input type="checkbox"/> Trainee (Clinical Fellow)	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Basic Research (not Industrially-sponsored)	<input type="checkbox"/> Corporate Research	<input type="checkbox"/> Administrator
<input type="checkbox"/> Data Manager	<input type="checkbox"/> Physician Scientist	<input type="checkbox"/> Epidemiologist	<input type="checkbox"/> Industry Nurse	<input type="checkbox"/> Medical Writer
<input type="checkbox"/> Gynecologic Oncologist	<input type="checkbox"/> Radiologist	<input type="checkbox"/> Laboratory Scientist	<input type="checkbox"/> Industry PR	<input type="checkbox"/> Other PR
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> Research Assistant	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Patient Advocate
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Reproductive Surgeon	<input type="checkbox"/> Statistician	<input type="checkbox"/> Pharmaceutical Rep	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Oncology Nurse	<input type="checkbox"/> Research Nurse		<input type="checkbox"/> Other Industry	<input type="checkbox"/> Other Occupation
<input type="checkbox"/> Other Nurse	<input type="checkbox"/> Surgical Oncologist / General Surgeon			
<input type="checkbox"/> Pathologist	<input type="checkbox"/> Other Physician			

* Required

CONTINUED ON OTHER SIDE

Onsite Registration Form Continued

SABCS REGISTRATION CATEGORIES

AACR Member: Member ID _____	\$140.00
UT Health San Antonio Staff & Faculty (valid ID required w/ registration)	\$370.00
BCM Staff & Faculty (valid ID required w/ registration)	\$420.00
Patient Advocate*	\$225.00
Resident or Postdoctoral Fellow (valid ID or letter of appointment)	\$225.00
Student (valid ID required w/ registration)	\$100.00
Regular Registration	\$875.00
Registration Fee Total	\$ _____
Hotel Discount 15%	\$ _____
Total Amount Due	\$ _____

*The patient advocate registration category is reserved exclusively for patient advocates and is not intended for medical professionals. Individuals interested in registering under this category either work or volunteer for national not-for-profit patient advocacy organizations that demonstrate a charitable mission, engage in patient advocacy activities, provide support for people with cancer, have a nonprofessional membership, do not offer CME or scientific programs for professionals. Individuals registered under this category are not eligible to receive continuing education credit for their attendance.

SABCS IS UNABLE TO REFUND OVERPAYMENT OF SYMPOSIUM REGISTRATION FEES.

METHOD OF PAYMENT Payments must be US currency. Checks must be drawn on US bank.

No Purchase Orders

Check, payable to UTHSCSA #156323

Cash

AMEX MasterCard Visa Discover

Credit Card Number _____

Cardholder Name _____

Exp Date (MM/YYYY) _____ Card Code Verification (CCV) _____

Address _____ Zip/Post _____ Country _____

Signature _____

I authorize SABCS to charge the credit card indicated on this registration form. This payment authorization is for the registration described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to this registration. After pricing this registration order, any dispute to the charge must be done through the SABCS and it is SABCS sole discretion whether to make any adjustments to the payment.

100 Beard Sawmill Road, Sixth Floor
 Shelton, CT 06484-6156
 Phone: +1 203.447.2800
 Fax: +1 203.447.2900
www.bpaww.com



About BPA Worldwide

A not-for-profit organization since 1931 and headquartered in Shelton, CT, USA, BPA has the largest membership of any media-auditing organization in the world, spanning more than 20 countries. The organization conducts 3,800+ audits for media brands in print, online/digital and live events. Additionally, under the iCompli brand, BPA documents compliance to defined standards including data protection, provides assurance of sustainability reporting, and verifies technology, service and privacy claims. BPA is supported by 2,700 advertiser and agency members.

STATEMENT OF CERTIFICATION – AUDIT CONDUCTED BY BPA WORLDWIDE

We have examined the attendee records of the **2017 SAN ANTONIO BREAST CANCER SYMPOSIUM** for the show/event as reported in this BPA Event Audit Report. Our examination was made in accordance with generally accepted event auditing standards. This audit complies with standards set forth by the Exhibition and Event Industry Audit Commission (EIIAC), a not-for-profit corporation organized for the purpose of managing and overseeing the exhibition industry's independent audit process. The audit process includes pre-event review of systems, on-site inspection, post event confirmations of attendance, examination of accounting records and any other auditing procedures considered necessary. Based on such examinations, the data set forth in this report presents objectively and accurately the total attendance of this event in conformance with generally accepted event measurement principles.

BPA Worldwide	TYPE: EVENT AUDIT
Shelton, CT	ID Number: X542X0D7
January 25, 2018	