



REGISTRATION FORM

Complete All Sections Fully. One Individual Per Form. To register online, visit www.sabcs.org/registration

DEADLINE: NOVEMBER 16, 2018

DATA PROCESSING CONSENT

Why we ask for your consent

We are committed to protecting the privacy of all personal data you provide to us. The following statements describe what we are doing with your data and how long we store it so that you are fully informed prior to submitting your personal data. Your active participation in this process is your explicit consent to the processing, analysis and reporting of your freely given personal data for the purposes of this ongoing event. By giving your consent you acknowledge that you are providing personal data, including sensitive personal data as defined under the General Data Protection Regulation (GDPR) for the Lawful Basis of registration, participation and communication for future meetings and related information.

Data Controller Contact

Symposia Office
Mays Cancer Center
UT Health San Antonio
7979 Wurzbach Rd., MC 8224
San Antonio, TX 78229
210-450-1550

Data Protection Officer

Michael Schnabel
UT Health San Antonio

Why are we processing your personal data?

We ask for your personal data to facilitate registration, participation and communication for future meetings and related information.

Third Parties that will have access to your personal data

Your personal data will only be viewed and processed by the Symposia Office and its affiliates for registration, participation and communication for future meetings and related information.

How long will we store your personal data?

As a participant of this meeting, your personal data will be retained indefinitely for purposes of communication for future meetings and related information.

The right to withdraw your consent

You retain the right to withdraw consent of your personal data at any time. By withdrawing your consent your registration will not be submitted or processed. If consent is withdrawn prior to this event it will result in cancellation of your registration and the cancellation policy will apply. If consent is withdrawn, you will not receive any communications for future meetings or related information. Please contact us at sabcs@uthscsa.edu with any inquiries you may have.

I give consent I decline giving consent to this registration

By checking **I give consent**, you acknowledge that you are providing personal data, including sensitive personal data as defined under the General Data Protection Regulation (GDPR) for the Lawful Basis of registering for and participating in SABCS® and/or SABCS® related programs.

By checking **I decline giving consent to this registration**, you will not be able to register for this event and will not receive any communication for future Symposia or SABCS® related information. Consent must be given in order to register.

If you would like to give consent in order to register and attend the 2018 San Antonio Breast Cancer Symposium® only, select **I give consent** and notify us at sabcs@uthscsa.edu as to the date you wish to withdraw consent (this date must be post-symposium). Please note, if you do not notify SABCS® with an end date for consent, you will remain in the SABCS® database and continue to receive communications for future SABCS® and/or SABCS® related information.



HENRY B. GONZALEZ CONVENTION CENTER
SAN ANTONIO, TEXAS, USA

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Make your hotel reservation prior to registering for the symposium at www.sabcs.org/hotel. **Both** hotel acknowledgement number and hotel name must be entered to receive 15% discount off registration. Must be booked with the SABCS Housing Bureau within the 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 MBBS MB ChB MD
 MD MPH MD MSc 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://npiregistry.cms.hhs.gov> to retrieve NPI.

Please include me in the mailing list for printed SABCS information Yes No
European Union registrants' information will be used only by the symposium office solely for SABCS purposes. Information will not be included in mailing lists rented or otherwise offered to third parties.

I will be claiming CME Yes No
Primary degree must be MD or DO equivalent to receive CME Certificate of credit.

I require a Welcome Letter from SABCS Yes No

If you are traveling to the symposium from outside the United States and require a visa or a letter for your institution/university, SABCS wishes to support your efforts to secure the needed travel documentation to attend the symposium. The welcome letter may help smooth the visa process and is acceptable by those institutions/universities requiring a written letter. Individuals that require a welcome letter must **first register and pay** for the symposium.

PRIMARY PROFESSIONAL FOCUS & OCCUPATION CATEGORIES

FOCUS* (CHECK ONE)

Basic Research Clinical Research Epidemiology Medical Practice Prevention Translational Research Other _____

OCCUPATION* (CHECK ONE)

Practice/Clinical Research		Basic Research	Industry	Other Profession
<input type="checkbox"/> Trainee (Clinical Fellow)	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Basic Research Trainee <i>(grad student/lab-based post-doc)</i>	<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"/> Reconstructive 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



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SABCS REGISTRATION CATEGORIES

	Discount Before 10/31/18	Full Price Beginning 11/1/18
Regular Registration	\$720.00	\$875.00
AACR Member Member ID _____	\$612.00	\$740.00
BCM Staff & Faculty (valid ID required w/ registration)	\$356.00	\$420.00
UT Health San Antonio Staff & Faculty (valid ID required w/ registration)	\$306.00	\$370.00
Resident or Postdoctoral Fellow (valid ID or letter of appointment)	\$180.00	\$225.00
Student (valid ID required w/ registration)	\$75.00	\$100.00
Patient Advocate*	\$150.00	\$225.00
For advocate program information and possible financial assistance, contact Alamo Breast Cancer Foundation PO Box 780067, San Antonio TX 78278 or sandistanford@alamobreastcancer.org	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.

**Must be booked with the SABCS Housing Bureau within the SABCS hotel block.

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 #156324
- Wire, your bank to ours. Add \$32 for wire transfer fee. Wire transfer instructions will be emailed.
- AMEX MasterCard Visa Discover

Credit Card Number _____

Cardholder Name _____

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

Address _____ Zip/Post _____ Country _____

Signature _____

RETURN BY

Mail:
 San Antonio Breast Cancer Symposium
 7979 Wurzbach Road, MC 8224
 San Antonio, Texas 78229

Email: sabcs@uthscsa.edu

Fax: 210-450-1560

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 placing 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.

Cancellation Policy. Cancellations must be received in writing prior to November 16, 2018 and are subject to the following processing fees: \$75.00 Regular Registration, AACR Member, UT Health San Antonio Staff & Faculty and BCM Staff & Faculty, \$20.00 Resident or Postdoctoral Fellow, \$20.00 Patient Advocate. Refunds will not be granted after November 16, 2018 nor will they be given for no-shows. Please email cancellations to sabcs@uthscsa.edu.

Substitution Policy. Substitution of registration (same type) is permitted prior to November 16, 2018. Only one substitution is permitted per original registrant with written consent. Written consent from the original registrant or by the person who paid for the registration is required. The individual submitting the substitution request is responsible for all financial obligations associated with that substitution as well as updating any contact/demographic information. Please email substitution requests to sabcs@uthscsa.edu.

ADA. If you require special accommodations to fully participate in SABCS, please email the Symposium office at sabcs@uthscsa.edu.

For registration inquiries or requests, contact the Symposium office at 210-450-1550 or sabcs@uthscsa.edu