

2018 San Antonio Breast Cancer Symposium



EVENT AUDIT



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

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 10-14, 2019

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 are 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

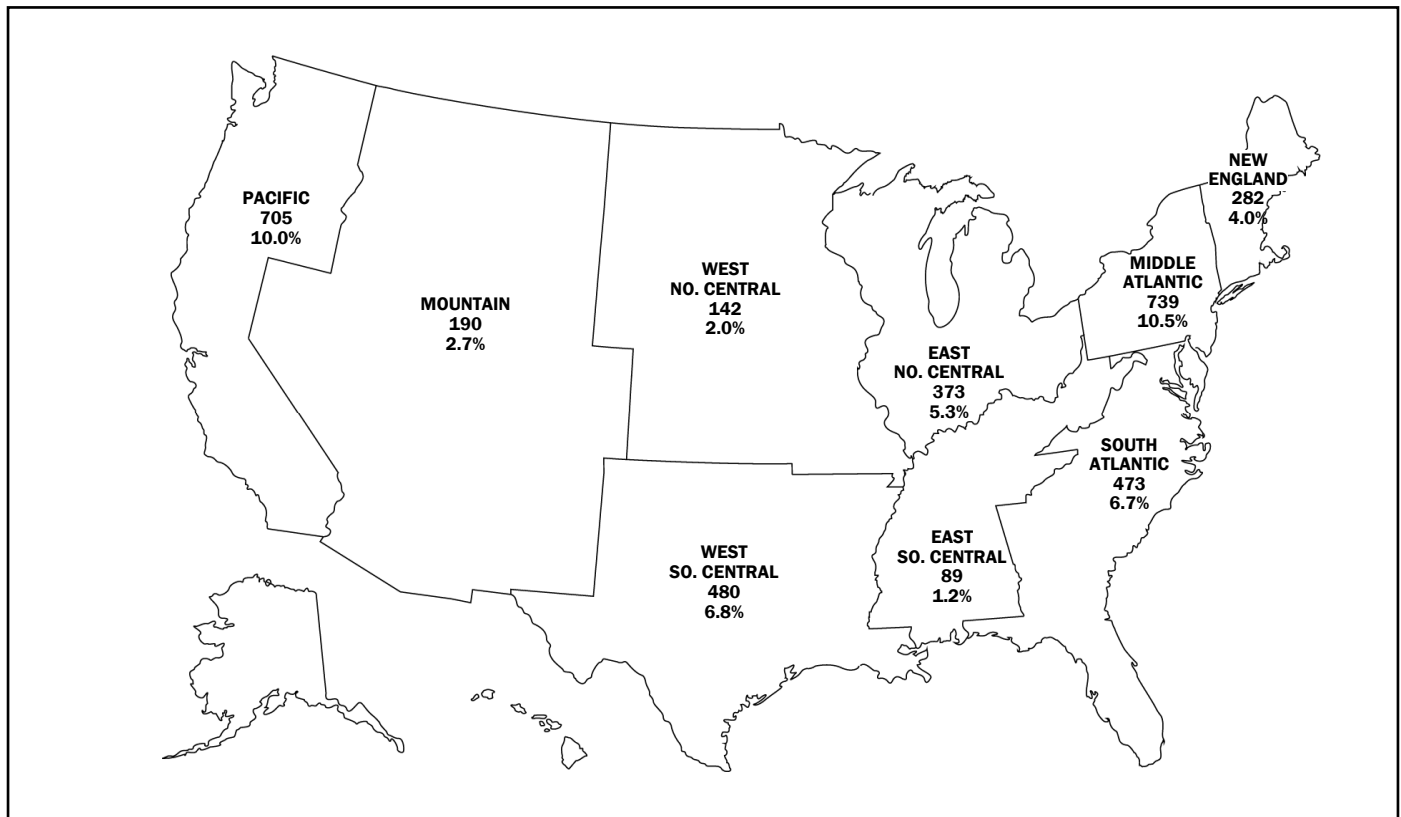
Year which Event was Held	Event Location	Conference Attendees	Subtotal: Conference Attendees	Media	Exhibitors, Non-Exhibiting Sponsors & their Support Staff	Total Unique Attendance
2018	Henry B. Gonzalez Convention Center; San Antonio, TX	7,066	7,066	129	554	7,749
2017	Henry B. Gonzalez Convention Center; 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 _____	2,231	31.6	32.0
Surgical Oncologist/General Surgeon _____	617	8.7	8.9
Radiation Oncologist _____	129	1.8	1.9
Gynecologic Oncologist _____	168	2.4	2.4
Reconstructive Surgeon _____	10	0.1	0.1
Pathologist _____	111	1.6	1.6
Radiologist _____	28	0.4	0.4
Oncology Nurse _____	31	0.4	0.4
Research Nurse _____	4	0.1	0.1
Data Manager _____	24	0.3	0.3
Other Physician _____	187	2.6	2.7
Other Nurse _____	13	0.2	0.2
Trainee (Clinical Fellow) _____	96	1.4	1.4
Nurse Practitioner _____	34	0.5	0.5
Physicians Assistant _____	19	0.3	0.3
Physician Scientist _____	135	1.9	1.9
Clinical Geneticist _____	100	1.4	1.4
Basic Research			
Laboratory Scientist _____	287	4.1	4.1
Statistician _____	48	0.7	0.7
Epidemiologist _____	51	0.7	0.7
Research Assistant _____	45	0.6	0.6
Basic Research Trainee _____	231	3.3	3.3
Industry			
Corporate Research _____	475	6.7	6.8
Marketing/Sales _____	345	4.9	5.0
Industry Nurse _____	7	0.1	0.1
Pharmaceutical Rep _____	110	1.6	1.6
Industry PR _____	42	0.6	0.6
Other Industry _____	451	6.4	6.5
Other Professional			
Patient Advocate _____	163	2.3	2.3
Administrator _____	80	1.1	1.2
Other PR _____	27	0.4	0.4
Medical Writer _____	37	0.5	0.5
Pharmacist _____	82	1.1	1.2
Other Occupation _____	550	7.8	7.9
Total Conference Attendees Identified by Primary Professional Occupation	6,968	98.6	100.0
Total Conference Attendees Not Identified by Primary Professional Occupation	98	1.4	
TOTAL CONFERENCE ATTENDEES	7,066	100.0	
4b. PRIMARY PROFESSIONAL FOCUS			
Primary Professional Focus	Total Conference Attendees	Percent of Total	Percent Identified by Primary Focus
Medical Practice/Clinical Research _____	4,150	58.7	59.4
Basic Research _____	689	9.8	9.9
Epidemiology _____	70	1.0	1.0
Prevention _____	53	0.8	0.8
Translational Research _____	623	8.8	8.9
Other _____	1,395	19.7	20.0
Total Conference Attendees Identified by Primary Professional Focus	6,980	98.8	100.0
Total Conference Attendees Not Identified by Primary Professional Focus	86	1.2	
TOTAL CONFERENCE ATTENDEES	7,066	100.0	
4c. PRIMARY DEGREE			
Primary Degree	Total Conference Attendees	Percent of Total	Percent Identified by Primary Degree
MD _____	1,981	28.0	49.6
MD/PhD _____	399	5.6	10.0
MD/MPH _____	40	0.6	1.0
MD/MSc _____	71	1.0	1.8
DO _____	41	0.6	1.0
PhD _____	740	10.5	18.5
MBBS _____	89	1.2	2.2
MB ChB _____	27	0.4	0.7
PharmD _____	114	1.6	2.8
PA _____	19	0.3	0.5
NP _____	42	0.6	1.1
BSN/RN _____	53	0.7	1.3
DSc _____	12	0.2	0.3
BSc _____	76	1.1	1.9
Other (Including but not limited to BA, MBA, MSc, etc.) _____	291	4.1	7.3
Total Conference Attendees Identified by Primary Degree	3,995	56.5	100.0
Total Conference Attendees Not Identified by Primary Degree	3,071	43.5	
TOTAL CONFERENCE ATTENDEES	7,066	100.0	

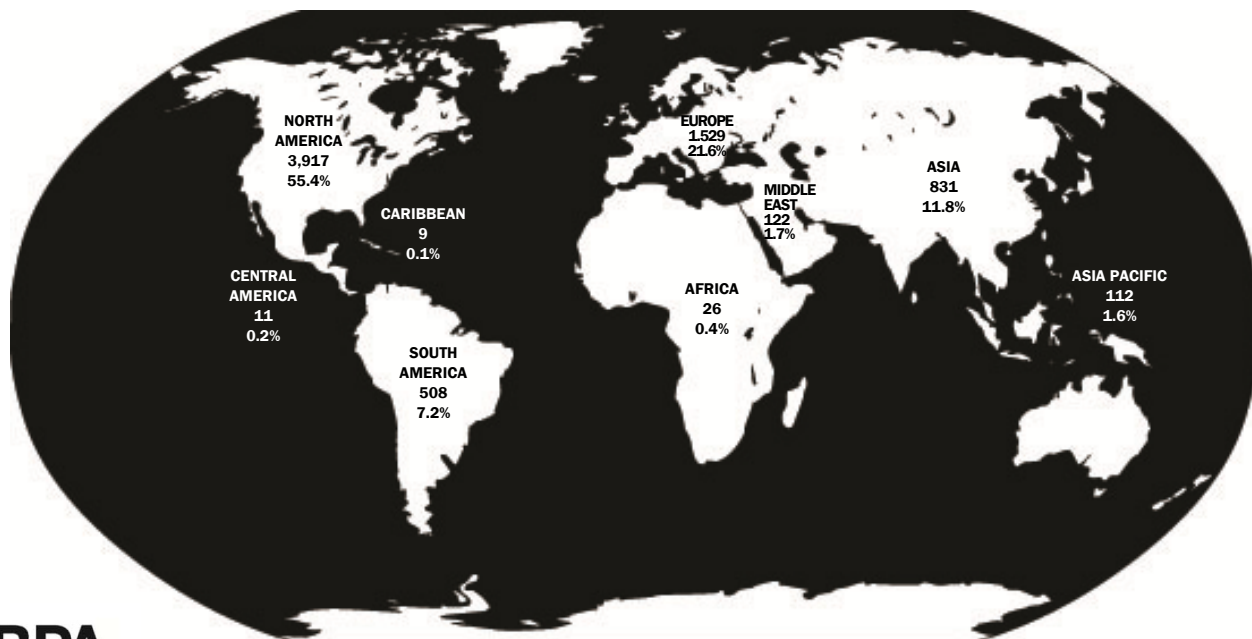
5. AUDITED U.S. GEOGRAPHIC BREAKOUT OF CONFERENCE ATTENDEES

Region & State	Total of Region/State	Percent of Total
NEW ENGLAND	282	4.0
Connecticut (CT) _____	50	
Maine (ME) _____	3	
Massachusetts (MA) _____	205	
New Hampshire (NH) _____	14	
Rhode Island (RI) _____	8	
Vermont (VT) _____	2	
MIDDLE ATLANTIC	739	10.5
New Jersey (NJ) _____	298	
New York (NY) _____	226	
Pennsylvania (PA) _____	215	
EAST NO. CENTRAL	373	5.3
Illinois (IL) _____	105	
Indiana (IN) _____	132	
Michigan (MI) _____	44	
Ohio (OH) _____	62	
Wisconsin (WI) _____	30	
WEST NO. CENTRAL	142	2.0
Iowa (IA) _____	8	
Kansas (KS) _____	17	
Minnesota (MN) _____	63	
Missouri (MO) _____	35	
Nebraska (NE) _____	10	
North Dakota (ND) _____	3	
South Dakota (SD) _____	6	
SOUTH ATLANTIC	473	6.7
Delaware (DE) _____	7	
Florida (FL) _____	112	
Georgia (GA) _____	47	
Maryland (MD) _____	136	
North Carolina (NC) _____	77	
South Carolina (SC) _____	10	
Virginia (VA) _____	40	
Washington, DC _____	39	
West Virginia (WV) _____	5	

Region & State	Total of Region/State	Percent of Total
EAST SO. CENTRAL	89	1.2
Alabama (AL) _____	16	
Kentucky (KY) _____	18	
Mississippi (MS) _____	2	
Tennessee (TN) _____	53	
WEST SO. CENTRAL	480	6.8
Arkansas (AR) _____	5	
Louisiana (LA) _____	19	
Oklahoma (OK) _____	6	
Texas (TX) _____	450	
MOUNTAIN	190	2.7
Arizona (AZ) _____	51	
Colorado (CO) _____	45	
Idaho (ID) _____	4	
Montana (MT) _____	2	
Nevada (NV) _____	2	
New Mexico (NM) _____	10	
Utah (UT) _____	75	
Wyoming (WY) _____	1	
PACIFIC	705	10.0
Alaska (AK) _____	2	
California (CA) _____	540	
Hawaii (HI) _____	4	
Oregon (OR) _____	32	
Washington (WA) _____	127	
STATE NOT IDENTIFIED	115	1.6
UNITED STATES	3,588	50.8
INTERNATIONAL	3,477	49.2
APO & FPO _____	-	
Canada _____	183	
Mexico _____	141	
Other International _____	3,148	
US territories _____	5	
Total Conference Attendees Identified by Region & State	7,065	100.0
Total Conference Attendees Not Identified by Region & State	1	-
TOTAL CONFERENCE ATTENDEES	7,066	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	831	11.8	Poland	31	
Armenia	1		Portugal	16	
Bangladesh	3		Romania	26	
China	292		Russian Federation	22	
Hong Kong	21		Serbia	6	
India	21		Slovakia	7	
Indonesia	6		Slovenia	2	
Japan	255		Spain	129	
South Korea	96		Sweden	63	
Pakistan	8		Switzerland	104	
Philippines	19		Turkey	34	
Singapore	20		Ukraine	2	
Taiwan	51		United Kingdom	211	
Thailand	38		NORTH AMERICA	3,917	55.4
MIDDLE EAST	122	1.7	Canada	183	
Afganistan	3		Mexico	141	
Iran, Islamic Republic of	1		United States of America (including APO & FPO, & Territories)	3,593	
Bahrain	1		CENTRAL AMERICA	11	0.2
Israel	40		Costa Rica	6	
Jordan	14		El Salvador	1	
Kuwait	4		Guatemala	2	
Lebanon	10		Panama	2	
Oman	5		AFRICA	26	0.4
Qatar	4		Algeria	6	
Saudi Arabia	23		Egypt	2	
Syrian Arab Republic	1		Morocco	17	
United Arab Emirates	16		South Africa	1	
EUROPE	1,529	21.6	CARIBBEAN	9	0.1
Austria	57		Aruba	2	
Belarus	1		Dominican Republic	6	
Belgium	70		Haiti	1	
Bulgaria	5		SOUTH AMERICA	508	7.2
Bosnia and Herzegovina	1		Argentina	111	
Croatia	8		Bolivia	14	
Cyprus	2		Brazil	198	
Czech Republic	23		Chile	37	
Denmark	38		Colombia	74	
Estonia	2		Ecuador	23	
Finland	21		Honduras	1	
France	116		Paraguay	2	
Germany	216		Peru	31	
Georgia	3		Uruguay	17	
Greece	21		ASIA PACIFIC	112	1.6
Hungary	11		Australia	99	
Iceland	4		New Zealand	13	
Ireland	25		Total Conference Attendees Identified by Region	7,065	100.0
Italy	128		Total Conference Attendees Not Identified by Region	1	-
Latvia	3		TOTAL CONFERENCE ATTENDEES	7,066	100.0
Lithuania	3				
Macedonia	2				
Netherlands	79				
Norway	37				



DECEMBER 4-8 2018

SAN ANTONIO BREAST CANCER SYMPOSIUM

HEINRY D. BOHALLER CONVENTION CENTER
SAN ANTONIO, TEXAS, USA

REGISTRATION FORM

Complete All Sections Fully, One Individual Per Form. To register online, visit www.sabcs.org/registration
DEADLINE: NOVEMBER 16, 2018

Make your hotel reservation prior to registering for the symposium at www.sabcs.org/hotel. Both hotel acknowledgment 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 related or otherwise used 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"/> Basic Research Trainee (grad student/fell post-grad)	<input type="checkbox"/> Corporate Research	<input type="checkbox"/> Administrator
<input type="checkbox"/> Data Manager	<input type="checkbox"/> Epidemiologist	<input type="checkbox"/> Industry Nurse	<input type="checkbox"/> Medical Writer
<input type="checkbox"/> Gynecologic Oncologist	<input type="checkbox"/> Laboratory Scientist	<input type="checkbox"/> Industry PR	<input type="checkbox"/> Other PR
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> Research Assistant	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Patient Advocate
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Research Nurse	<input type="checkbox"/> Pharmaceutical Rep	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Oncology Nurse	<input type="checkbox"/> Surgical Oncologist / General Surgeon	<input type="checkbox"/> Other Industry	<input type="checkbox"/> Other Occupation
<input type="checkbox"/> Other Nurse	<input type="checkbox"/> Other Physician		
<input type="checkbox"/> Pathologist			

*Required

PLEASE BE SURE TO SCAN OR FAX BOTH PAGES OF THIS FORM WHEN SENDING 1

REGISTRATION FORM

Complete All Sections Fully, One Individual Per Form. To register online, visit www.sabcs.org/registration
DEADLINE: NOVEMBER 16, 2018

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
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 non-professional 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

Accepted payment methods for registration are AMEX, VISA/Mastercard and Discover, check or wire transfer/ACH. SABCS' does not accept third party payment methods such as SAP Arriba, EVED or Purchase Orders. Payments must be US currency. Checks must be drawn on US bank.

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, HC 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 as 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 210-450-1560 or sabcs@uthscsa.edu.

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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 **2018 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
 Shelton, CT
 January 15, 2019

TYPE: EVENT AUDIT
 ID Number: X542XOD8