

**Patient Advocate Verification Form**

2020 San Antonio Breast Cancer Symposium • December 8-12, 2020

**Complete All Sections Fully • One Individual Per Form**

Henry B. Gonzalez Convention Center  
San Antonio, Texas USA

To register online, visit [www.sabcs.org/registration](http://www.sabcs.org/registration)  
**Deadline: November 18, 2020**

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Thank you for your interest in attending the San Antonio Breast Cancer Symposium. Please complete and submit this form along with the registration form. You will only be approved at the patient advocate rate if you are an advocate.

**Registration Category**

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 and do not have an AACR Active or Associate Membership.

Individuals registered under this category are not eligible to receive continuing education credit for their attendance.

For advocate program information and possible financial assistance contact:

Alamo Breast Cancer Foundation  
PO Box 780067  
San Antonio, TX 78278

Email: [sandi@alamobreastcancer.org](mailto:sandi@alamobreastcancer.org)

**Verification Information**

First/Given Name\* \_\_\_\_\_

Last/Family Name\* \_\_\_\_\_

Institution, Company or Organization\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

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

**Organization Name**

Please enter your patient advocate organization\*

**Job Description**

Please provide a narrative biographical sketch describing your academic, professional or other relevant experiences, accomplishments withou your organization, and current and past involvement with cancer-related advocacy and issues.dvocate programs, activities or services you provide\*

**Return by**

Fax: 210-450-1560

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

Email: [sabcs@uthscsa.edu](mailto:sabcs@uthscsa.edu)

**Please complete and submit this form along with the registration form. Verification forms submitted without a completed registration form and full payment cannot be processed. All registrations are for the entire meeting, partial registrations are not available.**