

EVENT AUDIT



DATES OF EVENT:	
Conference & Exhibits:	December 6-10, 2016
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:	210-450-1550
Website (Show):	www.sabcs.org
REGISTRATION COMPANY:	Cancer Therapy & Research Center at UT Health Science Center San Antonio
Phone:	210-450-1550
YEAR EVENT ESTABLISHED:	1977
FREQUENCY:	Annual
DATES OF NEXT EVENT:	
Conference & Exhibits	December 5 – 9, 2017
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 insterts 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

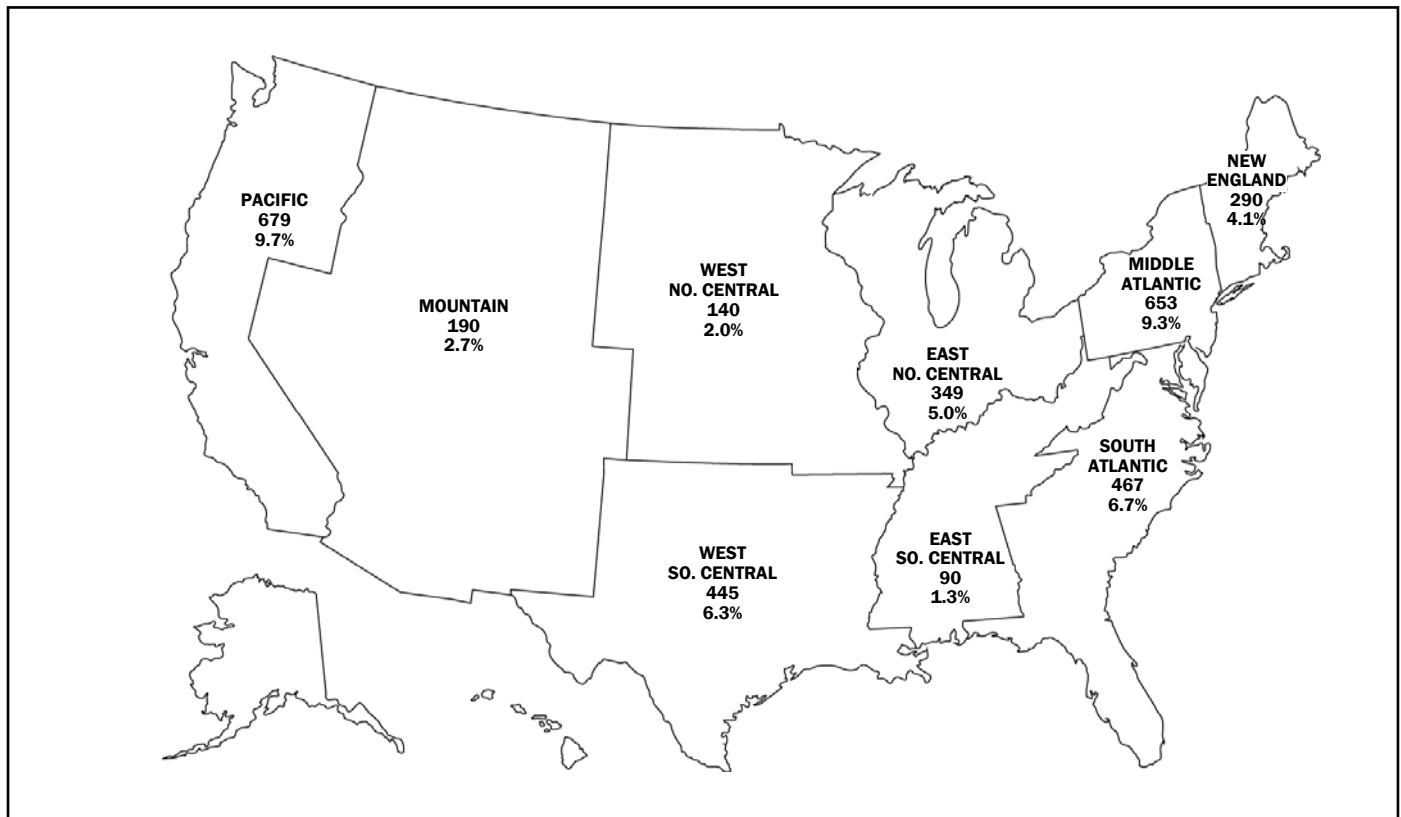
Year which Event was Held	Event Location	Conference Attendees	Subtotal: Conference Attendees	Media	Exhibitors, Non-Exhibiting Sponsors & their Support Staff	Total Unique Attendance
2016	Henry B. Gonzalez Convention Center; San Antonio, TX	7,011	7,011	136	323	7,470
2015	Henry B. Gonzalez Convention Center; 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 _____	2,197	31.3	32.2
Surgical Oncologist/General Surgeon _____	506	7.2	7.4
Radiation Oncologist _____	133	1.9	1.9
Gynecologic Oncologist _____	217	3.1	3.2
Reconstructive Surgeon _____	6	0.1	0.1
Pathologist _____	113	1.6	1.7
Radiologist _____	28	0.4	0.4
Oncology Nurse _____	41	0.6	0.6
Research Nurse _____	14	0.2	0.2
Data Manager _____	24	0.3	0.4
Other Physician _____	272	3.9	4.0
Other Nurse _____	16	0.2	0.2
Trainee (Clinical Fellow) _____	78	1.1	1.1
Nurse Practitioner _____	45	0.6	0.7
Physicians Assistant _____	23	0.3	0.3
Physician Scientist _____	78	1.1	1.1
Clinical Geneticist _____	93	1.3	1.4
Basic Research			
Laboratory Scientist _____	263	3.8	3.9
Statistician _____	58	0.8	0.9
Epidemiologist _____	48	0.7	0.7
Research Assistant _____	61	0.9	0.9
Basic Research Trainee _____	262	3.7	3.8
Industry			
Corporate Research _____	360	5.1	5.3
Marketing/Sales _____	343	4.9	5.0
Industry Nurse _____	14	0.2	0.2
Pharmaceutical Rep _____	70	1.0	1.0
Industry PR _____	37	0.5	0.5
Other Industry _____	495	7.1	7.3
Other Professional			
Patient Advocate _____	125	1.8	1.8
Administrator _____	154	2.2	2.3
Other PR _____	15	0.2	0.2
Medical Writer _____	40	0.6	0.6
Pharmacist _____	98	1.4	1.4
Other Occupation _____	494	7.0	7.2
Total Conference Attendees Identified by Primary Professional Occupation	6,821	97.3	100.0
Total Conference Attendees Not Identified by Primary Professional Occupation	190	2.7	
TOTAL CONFERENCE ATTENDEES	7,011	100.0	
4b. PRIMARY PROFESSIONAL FOCUS			
PRIMARY PROFESSIONAL FOCUS	TOTAL CONFERENCE ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY PRIMARY FOCUS
Medical Practice/Clinical Research _____	4,108	58.6	60.2
Basic Research _____	484	6.9	7.1
Epidemiology _____	66	0.9	1.0
Prevention _____	69	1.0	1.0
Translational Research _____	582	8.3	8.5
Other _____	1,513	21.6	22.2
Total Conference Attendees Identified by Primary Professional Focus	6,822	97.3	100.0
Total Conference Attendees Not Identified by Primary Professional Focus	189	2.7	
TOTAL CONFERENCE ATTENDEES	7,011	100.0	
4c. PRIMARY DEGREE			
PRIMARY DEGREE	TOTAL CONFERENCE ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY PRIMARY DEGREE
MD _____	2,964	42.3	46.1
MD/PhD _____	611	8.7	9.5
MD/MPH _____	68	1.0	1.1
MD/MSc _____	102	1.5	1.6
DO _____	51	0.7	0.8
PhD _____	866	12.4	13.5
MBBS _____	127	1.8	2.0
MB ChB _____	35	0.5	0.5
PharmD _____	141	2.0	2.2
PA _____	19	0.3	0.3
NP _____	50	0.7	0.8
BSN/RN _____	80	1.1	1.2
DSc _____	14	0.2	0.2
BSc _____	317	4.5	4.9
Other (Including but not limited to BA, MBA, MSc, etc.) _____	979	14.0	15.2
Total Conference Attendees Identified by Primary Degree	6,424	91.6	100.0
Total Conference Attendees Not Identified by Primary Degree	587	8.4	
TOTAL CONFERENCE ATTENDEES	7,011	100.0	

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

REGION & STATE	TOTAL OF REGION/STATE	PERCENT OF TOTAL
NEW ENGLAND	290	4.1
Connecticut (CT) _____	45	
Maine (ME) _____	12	
Massachusetts (MA) _____	205	
New Hampshire (NH) _____	15	
Rhode Island (RI) _____	9	
Vermont (VT) _____	4	
MIDDLE ATLANTIC	653	9.3
New Jersey (NJ) _____	216	
New York (NY) _____	285	
Pennsylvania (PA) _____	152	
EAST NO. CENTRAL	349	5.0
Illinois (IL) _____	115	
Indiana (IN) _____	85	
Michigan (MI) _____	60	
Ohio (OH) _____	62	
Wisconsin (WI) _____	27	
WEST NO. CENTRAL	140	2.0
Iowa (IA) _____	11	
Kansas (KS) _____	17	
Minnesota (MN) _____	57	
Missouri (MO) _____	30	
Nebraska (NE) _____	4	
North Dakota (ND) _____	5	
South Dakota (SD) _____	16	
SOUTH ATLANTIC	467	6.7
Delaware (DE) _____	47	
Florida (FL) _____	117	
Georgia (GA) _____	43	
Maryland (MD) _____	89	
North Carolina (NC) _____	83	
South Carolina (SC) _____	13	
Virginia (VA) _____	46	
Washington, DC _____	26	
West Virginia (WV) _____	3	

REGION & STATE	TOTAL OF REGION/STATE	PERCENT OF TOTAL
EAST SO. CENTRAL	90	1.3
Alabama (AL) _____	19	
Kentucky (KY) _____	8	
Mississippi (MS) _____	3	
Tennessee (TN) _____	60	
WEST SO. CENTRAL	445	6.3
Arkansas (AR) _____	10	
Louisiana (LA) _____	16	
Oklahoma (OK) _____	12	
Texas (TX) _____	407	
MOUNTAIN	190	2.7
Arizona (AZ) _____	57	
Colorado (CO) _____	41	
Idaho (ID) _____	5	
Montana (MT) _____	1	
Nevada (NV) _____	5	
New Mexico (NM) _____	13	
Utah (UT) _____	67	
Wyoming (WY) _____	1	
PACIFIC	679	9.7
Alaska (AK) _____	1	
California (CA) _____	562	
Hawaii (HI) _____	4	
Oregon (OR) _____	29	
Washington (WA) _____	83	
STATE NOT IDENTIFIED	181	2.6
UNITED STATES	3,484	49.7
INTERNATIONAL	3,499	49.9
APO & FPO _____	-	
Canada _____	185	
Mexico _____	167	
Other International _____	3,147	
US territories _____	-	
Total Conference Attendees Identified by Region & State	6,983	99.6
Total Conference Attendees Not Identified by Region & State	28	0.4
TOTAL CONFERENCE ATTENDEES	7,011	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	772	11.1	SWEDEN	73	
BANGLADESH	2		SWITZERLAND	100	
CHINA	272		TURKEY	38	
GEORGIA	1		UKRAINE	3	
HONG KONG	13		UNITED KINGDOM	195	
INDIA	16		NORTH AMERICA	3,836	54.7
INDONESIA	5		CANADA	185	
JAPAN	258		MEXICO	167	
KAZAKHSTAN	1		UNITED STATES OF AMERICA (INCLUDING APO & FPO, & TERRITORIES)	3,484	
KOREA-REPUBLIC OF (KOR)	2		CENTRAL AMERICA	38	0.5
SOUTH KOREA	93		COSTA RICA	14	
MALAYSIA	1		EL SALVADOR	5	
PAKISTAN	1		GUATEMALA	4	
PHILIPPINES	26		HONDURAS	2	
SINGAPORE	10		NICARAGUA	4	
SRI LANKA	2		PANAMA	9	
TAIWAN	45		AFRICA	50	0.7
THAILAND	18		ALGERIA	10	
VIETNAM	6		EGYPT	18	
MIDDLE EAST	104	1.5	KENYA	1	
IRAN, ISLAMIC REPUBLIC OF	2		MOROCCO	12	
ISRAEL	37		NIGERIA	1	
JORDAN	9		TUNISIA	8	
KUWAIT	4		CARIBBEAN	22	0.3
LEBANON	6		ARUBA	2	
OMAN	2		BAHAMAS	2	
PALESTINE, STATE OF	3		BERMUDA	1	
QATAR	5		CUBA	1	
SAUDI ARABIA	24		DOMINICAN REPUBLIC	8	
UNITED ARAB EMIRATES	12		JAMAICA	1	
EUROPE	1,627	23.2	PUERTO RICO	6	
AUSTRIA	62		SAINT MARTIN (French Part)	1	
BELGIUM	68		SOUTH AMERICA	433	6.2
BULGARIA	4		ARGENTINA	102	
CROATIA	6		BOLIVIA	6	
CYPRUS	1		BRAZIL	185	
CZECH REPUBLIC	27		CHILE	28	
DENMARK	56		COLOMBIA	47	
ESTONIA	1		ECUADOR	19	
FINLAND	21		PARAGUAY	4	
FRANCE	157		PERU	25	
GERMANY	251		SURINAME	1	
GREECE	14		URUGUAY	15	
HUNGARY	16		VENEZUELA	1	
ICELAND	4		ASIA PACIFIC	101	1.4
IRELAND	36		AUSTRALIA	85	
ITALY	123		NEW ZEALAND	16	
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	3		Total Conference Attendees Identified by Region	6,983	99.6
MONTENEGRO	2		Total Conference Attendees Not Identified by Region	28	0.4
NETHERLANDS	99				
NORWAY	38				
POLAND	38				
PORTUGAL	15				
ROMANIA	9				
RUSSIAN FEDERATION	17				
SERBIA	3				
SPAIN	147				
			TOTAL CONFERENCE ATTENDEES	7,011	100.0



2016 SAN ANTONIO BREAST CANCER SYMPOSIUM
 DEC. 6-10
 Complete All Sections Fully - One Individual Per Form
 To register online, visit www.sabcs.org/registration

Registration Form
 DEADLINE: NOVEMBER 11, 2016

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 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: MD HD/PHD MD/MPH HD/MSc DO PhD Dr Med HBBS ChB MB ChB
 PharmD PA NP BSN/RN DSc BSc 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: Survey (CME) will be sent to this email: _____

National Provider Identifier (NPI) - If US MD: _____
 (Go to <http://npi.nia.nih.gov> to retrieve NPI)

Please include me in the mailing list for printed SABCS information I will be claiming CME: Yes No
 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, *Advance Notice* is required to request 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 *file* register and pay for the symposium.

PRIMARY PROFESSIONAL FOCUS & OCCUPATION CATEGORIES

Basic Research Clinical Research Epidemiology Medical Practice Prevention Translational Research Other

OCCUPATION (check one)

Trainee (Clinical Fellow) Physician Assistant Basic Research Trainee Corporate Research Administrator
 Data Manager Radiologist Scientist Industry Nurse Industry PR Medical Writer
 Gynecologic Oncologist Biologist Epidemiologist Laboratory Scientist Marketing/Sales Patient Advocate
 Medical Oncologist Radiation Oncologist Research Assistant Research Assistant Pharmacist
 Nurse Practitioner Reconstructive Surgeon Statistician Other Occupation
 Oncology Nurse Research Nurse Other
 Other Nurse Surgeon Oncologist / General Surgeon Other Physician

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

Registration Form
 DEADLINE: NOVEMBER 11, 2016

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

SABCS REGISTRATION CATEGORIES

	Discount Before 10/31/2016	Full Price After 10/31/2016
Regular Registration	\$600.00	\$800.00
AACR Member Member ID	\$510.00	\$660.00
BCR Staff & Faculty (valid ID required w/ registration)	\$300.00	\$400.00
UTHSCSA Staff & Faculty (valid ID required w/ registration)	\$255.00	\$340.00
Resident or Postdoctoral Fellow (valid ID or letter of appointment)	\$150.00	\$200.00
Student (valid ID required w/ registration)	\$0.00	\$0.00
Patient Advocate*	\$125.00	\$150.00

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.

*For advocate program information and possible financial assistance, contact Dana Breast Cancer Foundation PO Box 790207, San Antonio, TX 78279 or advocatefund@danabreastcancer.org

Career Development Forum - Tuesday, December 6
 The session is open to early-career scientists, defined as graduate students, postdoctoral or clinical fellows, or medical students and residents, who are registered attendees of the 2016 SABCS. Yes No

Career Development Forum: Cultivating Investigator/Advocate Interactions in Your Research - Tuesday, December 6
 Round table discussions sharing best practices and successful collaborations in research and clinical settings. Yes No

SABCS IS UNABLE TO REFUND OVERPAYMENT OF SYMPOSIUM REGISTRATION FEE.

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

No Purchase Orders
 Check payable to UTHSCSA #56323
 Wire your bank to ours: ACH \$22 for wire transfer fee. Wire transfer instructions will be emailed.
 VISA MasterCard 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 the credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the registration. After placing the 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 11, 2016 and are subject to the following processing fees: \$35.00 Regular Registration, AACR Member, UTHSCSA Staff & Faculty and BCR Staff & Faculty, \$25.00 Resident or Postdoctoral Fellow, \$25.00 Patient Advocate. Refunds will not be granted after November 11, 2016 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 11, 2016. Only one substitution is permitted per original registrant with written consent. Written consent from the original registrant or by the person who sent 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/biographic information. Please email substitution requests to sabcs@uthscsa.edu.

For registration inquiries or requests, contact the Symposium office at 210-450-1561 or sabcs@uthscsa.edu.

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

Submit by Email | Print Form and Fax to 210-450-1560

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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 **2016 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: X542XOD6
 February 17, 2017