



25th AICR Research Conference

November 14 – 16, 2016

Marriott Bethesda North Hotel & Conference Center, North Bethesda, MD

Conference Registration Form

Please print or type

First Name _____ Last Name _____

Credentials PhD MD RD Other _____

Organization _____

Street _____

City/State/Zip _____

Country _____ Business Phone _____

Fax _____ Email _____

CONFERENCE PARTICIPANT LIST PREFERENCE (PLEASE CHECK ONE):

The Conference Participant List is a printed directory of conference attendees (name, institution, e-mail address) that is included in the delegate bag that all attendees receive when checking in at the conference registration desk. Please select your preference below.

- Yes, print my name, institution, and e-mail address in the Conference Participant List.
- Yes, print my name and institution in the Conference Participant List, but not my email.
- No, do not include any of my information in the Conference Participant List.

REGISTRATION FEES

| | <u>By October 7</u> | <u>After October 7</u> |
|---|---------------------|------------------------|
| <input type="checkbox"/> Full Registration | \$495 | \$595 |
| <input type="checkbox"/> *Student (full-time) | \$295 | \$370 |
| <input type="checkbox"/> **One-day only | \$295 | \$370 |

- Monday, November 14
- Tuesday, November 15
- Wednesday, November 16

Dietary or other special requirements _____

* To be eligible for the Student Rate, you must be able to show a Full-Time Student ID upon checking in at the Registration Desk.

** One-day registration is for those who plan to attend only one day of the conference. Choose the Full Registration option if you plan to attend more than one day of the conference.

TERMS AND CONDITIONS

Registration fees include continental breakfasts, refreshment breaks, receptions, and Tuesday's lunch.

Refund Policy:

Refunds (less a \$75 processing fee) will be made for cancellations received by October 14, 2016. After October 14, no refunds will be granted.

Event Images and Recordings:

Your attendance at AICR events implies your permission for images and audio/visual recordings captured during these events to be used for purposes of AICR archival materials, promotional materials, and publications, and waives your rights for compensation or ownership of these images.

I have read and accepted the terms and conditions.

Signature_____

PAYMENT

Check or credit card information must accompany this form.
Make check payable to *American Institute for Cancer Research*.

Please note: registering online at www.aicr.org/conference is more secure than mailing your credit card information.

Method of payment:

Check Visa MasterCard American Express

Card # _____ Card Security Code _____

Cardholder's Name (*please print*) _____ Exp. Date _____

Signature_____

Send payment and registration to:

**AICR Conference Secretariat
The Pearson Group
904 Princess Anne Street, Suite C-8
Fredericksburg, VA 22401**

Phone: 540-373-4493

Fax: 540-373-8893

Email: aicr@pearsonplanners.com