AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

SEVENTY-SIXTH ANNUAL MEETING
May 22-25, 1985
Houston Civic Center, Houston, Texas

ADVANCE REGISTRATION FORM
(please print or type)

NAME: ______________________________________________________________________

   Last    First    Middle Initial

AFFILIATION: __________________________________________________________________

ADDRESS: _____________________________________________________________________

City       State or Province          Postal Code

Country    Telephone

N THE EVENT OF ILLNESS OR INJURY PLEASE NOTIFY: ______________________________________________________________________

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RELATIONSHIP: ____________________________________ TELEPHONE: ________________

The Board of Directors wishes to gather certain data for planning future annual meetings. To assist us in this effort, please answer the following questions:

ON WHICH DAY(S) WILL YOU ATTEND THE 1985 MEETING?
☐ Thursday, May 23
☐ Friday, May 24
☐ Saturday, May 25

WILL YOU ATTEND THE ASCO ANNUAL MEETING IN HOUSTON?  ☐ Yes  ☐ No

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1985 AACR MEETING?  ☐ Yes  ☐ No

ARE YOU A POSTDOCTORAL FELLOW OR PHYSICIAN IN TRAINING?  ☐ Yes  ☐ No

REGISTRATION FEES

☐ Members $40.00
☐ Nonmembers $60.00
☐ Students $20.00
☐ AACR Proceedings (nonmembers and students only) $20.00

Total Enclosed $________

Check Issued By: ___________________________ Check # ________

THE DEADLINE FOR ADVANCE REGISTRATION IS APRIL 8, 1985

Checks should be payable to AACR, Inc., and must accompany this form. All fees must be paid in U.S. currency. Purchase orders will not be accepted as payment.

Students must enclose a statement, signed by the registrar, dean, or department head of their university or college on official letterhead, confirming their status. Special student rates are available only to predoctoral students. Postdoctoral fellows or physicians in training do not qualify as students.

Mail all advance registration forms with applicable fees to the AACR Office, Temple University School of Medicine, West Building, Room 301, Broad and Tioga Streets, Philadelphia, PA 19140. Receipts will be sent to you in late April. AACR members will receive copies of the Program and Proceedings prior to the meeting. Nonmember and student advance registrants will also receive the Program before the meeting and (if they have purchased it) the Proceedings. Please note that nonmember and student registration fees do not include the Proceedings.

REFUND POLICY

Refunds will be granted on written request received in the AACR Office by June 3, 1985. Receipts must be returned to the AACR Office with the refund request. A cancellation fee of $15.00 will be deducted from all refunds to cover administrative costs.
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