AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

SEVENTY-FIFTH ANNUAL MEETING
The Sheraton Centre, Toronto, Ontario, Canada
May 9-12, 1984

ADVANCE REGISTRATION FORM
(please print or type)

NAME: ___________________________ Last  First  Middle Initial

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IN THE EVENT OF ILLNESS OR INJURY PLEASE NOTIFY _____________________________

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REGISTRATION FEES

☐ Members US$40.00  C$48.00  ☐ ACR Proceedings US$15.00  C$18.00
☐ Nonmembers  50.00  60.00  (nonmembers and students only)
☐ Students  20.00  24.00  Total Enclosed:  US$__________  C$__________

Check Issued by: ______________________  Check # ______

Checks should be payable to AACR, Inc. and must accompany this form. All fees must be paid in U.S. or Canadian 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, hospital residents, and interns 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 as the forms are processed. AACR members will receive copies of the Program and Proceedings prior to the meeting. Nonmember and student advance registrants will also receive the Program and (if they have purchased it) the Proceedings at that time. Please note that nonmember and student registration fees do not include the Proceedings.

REFUND POLICY

The deadline for advance registration is March 26, 1984. Full refunds will be granted on written request prior to April 30, 1984. Receipts must be returned to the AACR Office with the refund request. No refunds will be granted after April 30, 1984.