**STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION**

**Required by 39 U.S.C. 3683**

<table>
<thead>
<tr>
<th>1A. TITLE OF PUBLICATION</th>
<th>1B. PUBLICATION NO.</th>
<th>2. DATE OF FILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Research</td>
<td>0 0 2 8 5 0 7</td>
<td>2 10-1-88</td>
</tr>
</tbody>
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<tr>
<th>3. FREQUENCY OF ISSUE</th>
<th>3A. NO. OF ISSUES PUBLISHED ANNUALLY</th>
<th>3B. ANNUAL SUBSCRIPTION PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semimonthly</td>
<td>24</td>
<td>$260.00</td>
</tr>
</tbody>
</table>

**4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP Code) (Not printers)**

American Association for Cancer Research, 428 East Preston Street, Baltimore, MD 21202

**5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OF GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printer)**

American Association for Cancer Research, 428 East Preston Street, Baltimore, MD 21202

**6. FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EDITOR, AND MANAGING EDITOR (This item MUST NOT be blank)**

**PUBLISHER (Name and Complete Mailing Address)**

American Association for Cancer Research, Inc., 428 East Preston Street, Baltimore, Maryland 21202

**EDITOR (Name and Complete Mailing Address)**

Dr. Peter H. Magee, American Association for Cancer Research, 530 Walnut Street, 10th Floor, Philadelphia, PA 19106

**MANAGING EDITOR (Name and Complete Mailing Address)**

Ms. Margaret Foti, American Association for Cancer Research, 530 Walnut Street, 10th Floor, Philadelphia, PA 19106

**7. OWNER (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed.)**

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>COMPLETE MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**8. KNOWN BONDHOLDERS, MORTGAGEES,* AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state)**

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>COMPLETE MAILING ADDRESS</th>
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<tbody>
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</table>

**9. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES (Section 433.12 DMM only)**

The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes (Check one)

- *HAS NOT CHANGED DURING PRECEDING 12 MONTHS*
- *HAS CHANGED DURING PRECEDING 12 MONTHS* (If changed, publisher must submit explanation of change with this statement.)

**10. EXTENT AND NATURE OF CIRCULATION (See instructions on reverse side)**

<table>
<thead>
<tr>
<th>A. TOTAL NO. COPIES (Net Press Run)</th>
<th>B. PAID AND/OR REQUESTED CIRCULATION</th>
<th>C. TOTAL PAID AND/OR REQUESTED CIRCULATION</th>
<th>D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS</th>
<th>E. TOTAL DISTRIBUTION</th>
<th>F. COPIES NOT DISTRIBUTED</th>
<th>G. TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)</th>
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<tbody>
<tr>
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<td>6366</td>
<td>78</td>
<td>6444</td>
<td>781</td>
<td>7225</td>
</tr>
</tbody>
</table>

**11. I certify that the statements made by me above are correct and complete**

**SIGNATURE AND TITLE OF EDITOR, PUBLISHER, BUSINESS MANAGER, OR OWNER**

Managing Editor

(See Instruction on reverse) *Paid Subs. mailed via Canada Post*

PD Form 3528, July 1984

7338
AMERICAN ASSOCIATION FOR CANCER RESEARCH

1989 EMPLOYMENT REGISTER FORMS AND INSTRUCTIONS

INTRODUCTION

The AACR’s Employment Register is intended to attract young scientists to the Association, increase interest in AACR programs, and provide a valuable service to all cancer researchers, both senior and junior investigators.

The AACR has operated a limited Employment Register since 1983 with a fee structure that has permitted only the listing of positions and candidates at the annual meeting. Beginning in 1988, AACR staff scheduled interviews at the annual meeting, and brief advertisements describing available candidates and positions were published in the Proceedings of the American Association for Cancer Research and in two issues of Cancer Research. These services will be continued in 1989. Registration forms for the 1989 Employment Register can be found on the following pages. Fees have been set at the following levels:

Each candidate registration
— by an AACR member $10
— by a nonmember $20

Each position listing
— by an AACR member from a nonprofit or governmental organization $75
— by a nonmember from a nonprofit or governmental organization $125
— from a commercial organization $250

INSTRUCTIONS FOR CANDIDATES

1. Supply all information requested on the attached candidate registration form.
2. Type a short description of your background and the position you are seeking in the 5" x 1½" box provided. Do not include your name; the AACR will assign identification numbers to all candidate listings. Please type carefully; this description will be reproduced as described in the section below entitled PUBLICATION OF LISTINGS.
3. Enclose the original form plus 11 copies.
4. Enclose appropriate payment:
   a. $75 from AACR members in nonprofit or governmental organizations.
   b. $125 from nonmembers in nonprofit or governmental organizations.
   c. $250 from commercial firms.
5. Checks should be issued in U.S. dollars, drawn on a U.S. bank, and made payable to AACR, Inc.
6. Forms should be submitted by February 1, 1989, to ensure publication of listings in the Proceedings. However, candidate registration forms will continue to be accepted in the Association Office until May 1, 1989. After that date forms should be submitted at the annual meeting in San Francisco.
7. Mail all position listing forms to:
   Employment Register
   American Association for Cancer Research, Inc.
   530 Walnut Street, 10th Floor
   Philadelphia, PA 19106

SCHEDULING OF INTERVIEWS

The AACR will set aside space in the Moscone Center, the site of the annual meeting’s scientific sessions, for interviews which will be scheduled at mutually agreeable times during the following hours: Wednesday, Thursday, and Friday, May 24-26, from 8:00 a.m. to 5:00 p.m., and Saturday, May 27, from 9:00 a.m. to 12:00 noon. Each candidate and employer will receive an identification number. Registrants who submit their forms and fees by May 1, 1989, will receive from the AACR an acknowledgment which contains their identification number and a scheduling card on which they may indicate their availability for interviews. Scheduling cards may also be filled out in San Francisco.

PUBLICATION OF LISTINGS

Short advertisements describing each candidate and position listing will be published in Volume 30 (1989) of the Proceedings of the American Association for Cancer Research and in the September 1, and December 1, 1989, issues of Cancer Research. The attached forms contain space for copy for these advertisements. Please type carefully to ensure accurate reproduction of your advertisement. Your copy must not exceed the limits of the box because space for these advertisements is limited. Advertisements for available positions should contain the name and address of the person conducting the job search, and candidates will be able to communicate with that person directly. Candidate advertisements will be anonymous. The AACR will provide the candidate’s complete form to any registered employer who requests it.

As noted above, because of the early publication date of the Proceedings, forms must be received by February 1, 1989, to ensure publication in that document. However, all advertisements submitted before or during the meeting will be published in the two issues of Cancer Research. Registrants wishing to withdraw their advertisements must submit written requests to that effect to the Association Office by July 5, 1989, for the September issue, and by October 3, 1989, for the December issue. All participants in the Employment Register are urged to notify the Association immediately of any change in their status so that all listings will remain current.

FURTHER INFORMATION

Questions about the Employment Register may be directed to the Association Office at 215-440-9300.
DESCRIPTION OF POSITION

Title ____________________________
Nature of Work and Responsibilities (research, teaching, administration, etc.)

Education and Experience Required

Date Position Available ___________________________________ Annual Salary Range ___________________________________

Location of Position: ________________________________________________

Areas of Specialization
(Indicate a maximum of three in order of greatest activity)
___ Biochemistry & Biophysics ___ Biostatistics ___ Carcinogenesis ___ Cellular Biology & Genetics ___ Clinical Investigations
___ Endocrinology ___ Epidemiology ___ Immunology ___ Molecular Biology & Genetics
___ Preclinical Pharmacology & Experimental Therapeutics ___ Virology ___ Other: ____________________________ (please specify)

EMPLOYER'S REPRESENTATIVE(S)

Name(s) ____________________________
Institution __________________________________
Address ____________________________________
Telephone __________________________________

AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I ___ plan ___ do not plan to attend the AACR Annual Meeting in San Francisco. Dates available for interviews:
___ May 24 ___ May 25 ___ May 26 ___ May 27 ______________________________________________________

ADVERTISEMENT (Please type a short description of the position in the box below. If received by February 1, 1989, your advertisement will be printed in the 1989 Proceedings. All advertisements will appear in the September 1, and December 1, 1989, issues of Cancer Research.)


(This form may be reproduced.)
CANDIDATE REGISTRATION

AMERICAN ASSOCIATION FOR CANCER RESEARCH
EMPLOYMENT REGISTER

(Please type and submit original and 11 copies)

TYPE OF POSITION DESIRED (Check all that apply)

___ Postdoctoral ___ Physician in Training ___ Research Associate/Staff Scientist ___ Faculty

TYPE OF INSTITUTION DESIRED (Check all that apply)

___ Industry ___ Academic ___ Government

Name: ___________________________________________ Last First M.I. ______________

Business Mailing Address: ____________________________________________ Major Field: ______________

__________________________________________________________________________

Highest Degree: ______________ Year Obtained: ______________

Bus. Telephone _____________________ Citizenship _____________________

Type of Visa _____________________ Desired Salary _____________________

Date available _____________________ Geographic preference _____________________

AREAS OF SPECIALIZATION
(Indicate a maximum of three in order of greatest activity)

___ Biochemistry & Biophysics ___ Biostatistics ___ Carcinogenesis ___ Cellular Biology & Genetics ___ Clinical Investigations

___ Endocrinology ___ Epidemiology ___ Immunology ___ Molecular Biology & Genetics

___ Preclinical Pharmacology & Experimental Therapeutics ___ Virology ___ Other: _____________________ (please specify)

ADVERTISMENT (Please type a short description of your background and the position you are seeking in the box below. If received by February 1, 1989, your advertisement will be printed in the 1989 Proceedings. All advertisements will appear in the September 1, and December 1, 1989, issues of Cancer Research.) DO NOT GIVE YOUR NAME OR ADDRESS; the AACR will assign identification numbers to each advertisement.)


(over)
Name ____________________________________________ I. D. Number ________________________________
(office use only)

ACADEMIC TRAINING

<table>
<thead>
<tr>
<th>College or University</th>
<th>From/To</th>
<th>Major</th>
<th>Minor</th>
<th>Degree(s)</th>
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POSITIONS HELD (list in chronological order, current position first)

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<th>Employer</th>
<th>From/To</th>
<th>Position/Nature of Duties</th>
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PUBLICATIONS (list five most recent; include titles and co-authors)

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OTHER (list specific areas of expertise, professional societies, honors, etc.)

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REFERENCES (give name and business address)

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AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I ___ plan ___ do not plan to attend the AACR Annual Meeting in San Francisco.
Dates available for interviews: ___ May 24 ___ May 25 ___ May 26 ___ May 27

(This form may be reproduced)
QUALIFICATIONS FOR MEMBERSHIP

Associate membership is open to graduate students, medical students, postdoctoral fellows, and physicians in training who live in the Americas and who are following a course of study or who are working in a research program relevant to cancer.

BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR), a scientific society consisting of laboratory and clinical cancer researchers, was founded in 1907 "to bring together active investigators of the cancer problem for presentation and discussion of new or significant observations; and to foster research in cancer and other phenomena of growth." Associate members of the AACR enjoy the following benefits:

1. the privilege of sponsoring an abstract for presentation at the AACR annual meeting provided that (a) the associate member is the presenter of the abstract and (b) an active member in good standing of the AACR also signs the abstract in support of the work (In this instance, the active member who signs the abstract does not lose his or her own sponsorship privilege);
2. an advance copy of the Program and (if one has been purchased by the associate member) the Proceedings of the American Association for Cancer Research which contains abstracts of all papers being presented at each annual meeting;
3. the privilege of registering for the annual meeting at the low student rate (This rate is otherwise available only to predoctoral students);
4. preferred access to the AACR Employment Register;
5. an optional subscription to the journal Cancer Research at the reduced member rate;
6. subscriptions to any future AACR journals at reduced member rates;
7. early notification of events in the AACR’s new series of small scientific meetings on timely scientific topics;
8. the receipt of AACR newsletters, meeting announcements, and an up-to-date membership directory; and
9. the facilitation of informal scientific exchange with leading researchers in the cancer field.

PROCEDURES FOR APPLICATION

Persons wishing to apply for associate membership must use the official application form on the reverse side of these instructions. Each candidate for associate membership must be nominated by an active member in good standing of the AACR. Three completed copies of the form should be submitted; at least one of these copies must carry the original signatures of both the candidate and the active member nominator. The application form may be submitted to the Association Office at any time. After review of applications for associate membership, the Executive Director will notify candidates of their election or deferral within one month of the receipt of the application form. A check in the amount of $20, which represents one year’s dues payment, must accompany the application. This fee will be refunded to any candidate deemed to be ineligible for associate membership. Checks should be in U.S. currency, made payable to AACR, Inc., and drawn on a U.S. bank. Send the three copies of the application form and the $20 dues payment to:

American Association for Cancer Research
530 Walnut Street - 10th Floor
Philadelphia, PA 19106
215/440-9300

RESPONSIBILITIES OF MEMBERSHIP

Associate members must pay annual dues in an amount to be determined by the AACR Board of Directors. Dues for 1988 and 1989 have been set at $20 per year. If an application is submitted by August 31, the accompanying dues payment will be credited to the current year. Candidates submitting applications between September 1 and December 31 may indicate whether they wish their dues payments credited to the current or forthcoming year. Candidates should be aware, however, that associate members may sponsor an abstract for the annual meeting only if their dues for the current year are paid. For example, an associate member submitting an abstract in December 1988 for the forthcoming annual meeting must have paid dues for 1988. Any newly elected associate members of AACR who have already purchased subscriptions to Cancer Research at the higher, nonmember rate will receive a refund for the unused portion of that subscription upon receipt of their payment for a member’s subscription.

Each Fall the AACR will send to current associate members an invoice for dues for the forthcoming year. Payment of this invoice must be accompanied by a statement signed by the associate member’s registrar, dean, or department head, verifying the member’s current academic status. The Association’s By-Laws state that dues are payable for each year in advance on or before January 1 of that year. An individual may be an associate member for a maximum of five years. Each year in which an individual pays dues will count as one full year of associate membership. Thus, an associate member who pays dues for 1988 may retain associate membership until December 31, 1992. The Board of Directors may terminate the membership of any associate member whose dues are in arrears for two years.

Margaret Foti,
Executive Director
# APPLICATION FOR ASSOCIATE MEMBERSHIP

**NAME OF CANDIDATE:**

**DATE OF BIRTH:**

**INSTITUTIONAL AFFILIATION:**

**INSTITUTIONAL ADDRESS:**

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State/Province)</th>
<th>(Postal Code)</th>
<th>(Country)</th>
</tr>
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</tbody>
</table>

**TELEPHONE NUMBER:**

**SOCIAL SECURITY NUMBER:**

**PRESENT ACADEMIC STATUS/TITLE:** (Please check only one):

- [ ] Graduate Student
- [ ] Medical Student
- [ ] Physician in Training
- [ ] Postdoctoral Fellow

**PRIMARY FIELD OF RESEARCH (Please check only one):**

- [ ] Biochemistry and Biophysics
- [ ] Biostatistics
- [ ] Carcinogenesis
- [ ] Cellular Biology and Genetics
- [ ] Clinical Investigations
- [ ] Endocrinology
- [ ] Epidemiology
- [ ] Immunology
- [ ] Molecular Biology and Genetics
- [ ] Preclinical Pharmacology and Experimental Therapeutics
- [ ] Virology
- [ ] Other: __________________________ (Please specify)

**ACADEMIC DEGREES** (Please indicate degree(s) acquired to date along with the name of the academic institution and date of receipt. Provide information on degree currently being sought and the anticipated date of completion of this degree program.)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Date</th>
</tr>
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</tbody>
</table>

**RELEVANT RESEARCH EXPERIENCE NOT RELATED TO COURSE WORK** (Please list most recent first.)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Institution</th>
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</table>

**PUBLICATIONS** (List the authors, title, journal, volume, inclusive pages, and year of any article in a peer-reviewed journal on which the candidate appears as an author. Do not list abstracts. Continue on a separate sheet, if necessary.)

<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Journal</th>
<th>Volume</th>
<th>Pages</th>
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</tbody>
</table>

**CANDIDATE NOMINATED BY:**

(Please type or print name of AACR active member in good standing.)

<table>
<thead>
<tr>
<th>Nominator Name</th>
<th>Institution</th>
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**SIGNATURES**

I hereby apply for associate membership in the American Association for Cancer Research. I have read the instructions on the reverse side of this form, and I understand the privileges and responsibilities of this class of membership. I certify that the statements on this application are true.

**Signature of Candidate:** __________________________

**Date:** __________________________

I recommend this candidate for associate membership in the American Association for Cancer Research. To the best of my knowledge, the candidate is qualified for this class of membership, and the statements on this application are true.

**Signature of Nominator:** __________________________

**Date:** __________________________

Submit three copies of this form. At least one copy must contain the original signatures of the candidate and the nominator. Enclose a check for $20 in U.S. funds made payable to AACR, Inc. and drawn on a U.S. bank. Check one of the following boxes only if this form is being submitted between September 1 and December 31:

- [ ] current
- [ ] forthcoming

**calendar year.**

(NOTE: If dues are applied to the forthcoming year, membership will take effect on January 1.) See Guidelines for Application on the reverse side of this form for further instructions.

(This form may be reproduced.)
AMERICAN ASSOCIATION FOR CANCER RESEARCH

EIGHTIETH ANNUAL MEETING

May 24–27, 1989
Moscone Convention Center
San Francisco, California

ADVANCE REGISTRATION FORM

(please print or type)

NAME: ____________________________________________
  Last ____________________________ First/Middle Initial ____________________________

ADDRESS: __________________________________________

Institution ____________________________

Street, Building, or Post Office Box ____________________________

City ____________________________________________ State or Province ____________________________ Postal Code ____________________________

Country (if not U.S.) ____________________________ Telephone ____________________________

WHAT IS YOUR PRIMARY FIELD OF RESEARCH (Please check only one):

☐ 1) Biochemistry and Biophysics  ☐ 2) Biostatistics  ☐ 3) Carcinogenesis  ☐ 4) Cellular Biology & Genetics  ☐ 5) Clinical Investigations

☐ 6) Endocrinology  ☐ 7) Epidemiology  ☐ 8) Immunology  ☐ 9) Molecular Biology  ☐ 10) Preclinical Pharmacology & Experimental Therapeutics

☐ 11) Virology  ☐ 12) Other (please specify): ____________________________

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1989 AACR MEETING? ☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1989 AACR ANNUAL MEETING?

☐ Wednesday, May 24 ☐ Thursday, May 25 ☐ Friday, May 26 ☐ Saturday, May 27

WILL YOU ATTEND THE ASCO MEETING IN SAN FRANCISCO?

☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1989 ASCO ANNUAL MEETING?

☐ Sunday, May 21 ☐ Monday, May 22 ☐ Tuesday, May 23

PAYMENT OF REGISTRATION

Fees may be paid by check or with a MasterCard, VISA, or Eurocard account. All payments must be made in U.S. currency, and all checks must be drawn on a U.S. bank. Payment must accompany this form; purchase orders will not be accepted as payment. Honorary and emeritus members may register gratis.

FEES

☐ Active/Corresponding Member Rate $ 55

☐ Honorary/Emeritus Member Rate $ 0

☐ Nonmember Rate $100

(includes a copy of AACR Proceedings)

☐ Student/Associate Member Rate* $ 25

(does not include a copy of AACR Proceedings)

☐ AACR Proceedings* $ 20

Total Enclosed or Charged ____________________________

METHOD OF PAYMENT

If you are paying by check, please supply

Person/Institution issuing check ____________________________

Check No. ____________________________

If you are paying by MasterCard, VISA, or Eurocard, please supply

Card Name, Account Number, and Expiration Date ____________________________

Signature ____________________________

THE DEADLINE FOR ADVANCE REGISTRATION IS MARCH 31, 1989

*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 for the student registration rate unless they are associate members of the AACR. An application for associate membership may accompany this form, but these should be submitted well before the advance registration deadline as review of the associate membership application may delay registration.

*AACR members with paid-up subscriptions to Cancer Research receive the Proceedings automatically. Members who check this box and pay the $20 fee will receive an additional copy of the Proceedings.

Mail all advance registration forms with applicable fees to Annual Meeting Registration, American Association for Cancer Research, Inc., 530 Walnut Street – 10th Floor, Philadelphia, PA 19106. Receipts will be sent to you in April. AACR members in good standing will receive copies of the Program and Proceedings prior to the meeting. Nonmember and student advance registrants residing in the U.S. and Canada will also receive the Program before the meeting and (if they have purchased it) the Proceedings. Please note that nonmember registrants receive a copy of the Proceedings automatically, but if students are to receive a copy of this document before the meeting, it must be purchased at the time of advance registration.

REFUND POLICY

Refunds on registration fees will be granted on written request received in the AACR Office by May 22, 1989. Requests received after this date will not be honored. Receipts and badges (if they have been mailed) 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. Proceedings are not returnable, and an additional $20 will be deducted from refunds to nonmembers and students if this document has already been mailed.

(This form may be reproduced.)
If you haven’t had a mammogram, you need more than your breasts examined.

A mammogram is a safe, low-dose X-ray that can detect breast cancer before there’s a lump. In other words, it could save your life and your breast.

If you’re a woman over 35, be sure to schedule a mammogram. Unless you’re still not convinced of its importance.

In which case, you need more than just your breast examined.

Find the time. Have a mammogram.

AMERICAN CANCER SOCIETY

Give yourself the chance of a lifetime.

Created as a public service of DDB Needham Worldwide.