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 1990. Registration forms for the 1990 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  $25

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 1¼” 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 12 copies.
4. Enclose appropriate payment:
   a. $75 from AACR members or nonprofit governmental organizations.
   b. $125 from nonmembers in nonprofit 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, 1990, to ensure publication of listings in the Proceedings. However, candidate registration forms will continue to be accepted in the Association Office until May 1, 1990. After that date forms should be submitted at the annual meeting.
7. Mail all position listing forms to:
   Employment Register
   American Association for Cancer Research, Inc.
   330 Market Street, 2nd Floor
   Philadelphia, PA 19106

SCHEDULING OF INTERVIEWS

The AACR will set aside space at the annual meeting for interviews which will be scheduled at mutually agreeable times during the following hours: Wednesday, Thursday, and Friday, May 23–25, from 8:00 a.m. to 5:00 p.m., and Saturday, May 26, 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, 1990, will receive from the AACR an acknowledgment which contains their identification number. Scheduling cards will be filled out at the annual meeting.

INSTRUCTIONS FOR EMPLOYERS

1. Supply all information requested on the position listing form for each position available.
2. Type a short description of the position available in the 5” x 1¼” box provided. Please type carefully; this description will be reproduced as described in the section below entitled PUBLICATION OF LISTINGS.

PUBLICAION OF LISTINGS

Short advertisements describing each candidate and position listing will be published in Volume 31 (1990) of the Proceedings of the American Association for Cancer Research and in the September 1, and December 1, 1990, 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, 1990, 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, 1990, for the September issue, and by October 3, 1990, 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) and Title(s) ________________________________________________

Institution ________________________________________________________

Address __________________________________________________________

Telephone _________________________________________________________

AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I __ plan ___ do not plan to attend the AACR Annual Meeting in Washington. Dates available for interviews:

___ May 23 ___ May 24 ___ May 25 ___ May 26

ADVERTISEMENT (Please type a short description of the position in the box below. If received by February 1, 1990, your advertisement will be printed in the 1990 Proceedings. All advertisements will appear in the September 1, and December 1, 1990, issues of Cancer Research.)


(This form may be reproduced.)
CANDIDATE REGISTRATION
AMERICAN ASSOCIATION FOR CANCER RESEARCH
EMPLOYMENT REGISTER

(Please type and submit original and 12 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: ____________________________________________
_________________________________________________________________
_________________________________________________________________

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)

ADVERTISEMENT (Please type a short description of your background and the position you are seeking in the box below. If received by February 1, 1990, your advertisement will be printed in the 1990 Proceedings. All advertisements will appear in the September 1, and December 1, 1990, issues of Cancer Research.) DO NOT GIVE YOUR NAME AND ADDRESS; the AACR will assign identification numbers to each advertisement.)

### 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)

<table>
<thead>
<tr>
<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)

- ...
- ...
- ...
- ...
- ...

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

- ...
- ...
- ...
- ...
- ...

### REFERENCES (give name and business address)

- ...
- ...
- ...
- ...
- ...

### AVAILABILITY FOR INTERVIEWS AT AACR ANNUAL MEETING

I [ ] plan [ ] do not plan to attend the AACR Annual Meeting in Washington.
Dates available for interviews: [ ] May 23  [ ] May 24  [ ] May 25  [ ] May 26

(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 co-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
330 Market Street - Second 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 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 1989 for the forthcoming annual meeting must have paid dues for 1989. 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 1989 may retain associate membership until December 31, 1993. 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: ____________________________________________

(City) (State/Province) (Postal Code) (Country)

TELEPHONE NUMBER: ____________________________

FAX 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.)

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CANDIDATE NOMINATED BY: ____________________________

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

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:

The enclosed dues payment should be applied to the

☐ 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.)
NAME: ____________________________  Last  First/Middle Initial  First Name for Badge

ADDRESS: ____________________________ Institution

                      Street, Building, or Post Office Box

                      City  State or Province  Postal Code

                      Country (if not U.S.)  Telephone

☐ Check this box if you have a physical disability and special requirements for transportation, hotel accommodations, or other facilities connected with the meeting. A member of the Association Staff will contact you.

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

☐ 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 1990 AACR MEETING?  ☐ Yes  ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1990 AACR ANNUAL MEETING?

☐ Wednesday, May 23  ☐ Thursday, May 24  ☐ Friday, May 25  ☐ Saturday, May 26

WILL YOU ATTEND THE ASCO MEETING IN WASHINGTON?  ☐ YES  ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1990 ASCO ANNUAL MEETING?

☐ Sunday, May 20  ☐ Monday, May 21  ☐ Tuesday, May 22

PAYMENT OF REGISTRATION

Fees may be paid by check or with a MasterCard, VISA, American Express, 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  $65

☐ Honorary/Emeritus Member Rate  $0

☐ Nonmember Rate  $125

☐ (includes a copy of AACR Proceedings)  $35

☐ Associate Member/Student Rate*  $25

☐ (does not include a copy of AACR Proceedings)  $22

☐ AACR Proceedings†  $25

☐ Overseas Airmail Surcharge‡  $22

Total Enclosed or Charged

METHOD OF PAYMENT

☐ Check payable to AACR, Inc., in U.S. currency, drawn on a U.S. bank

☐ Person/Institution issuing check  Check No.

☐ MasterCard  ☐ VISA  ☐ American Express  ☐ Eurocard

☐ Account Number and Expiration Date

☐ Signature

THE DEADLINE FOR REGISTRATION BY MAIL IS MARCH 30, 1990

* 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 $25 fee will receive an additional copy of the Proceedings.

‡ Optional payment for registrants outside of the U.S. and Canada only. Registrants paying this surcharge will receive meeting publications via air mail — printed matter before the annual meeting.

Mail all advance registration forms with applicable fees to Annual Meeting Registration, American Association for Cancer Research, Inc., 330 Market Street — 2nd 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 18, 1990. 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 $25 will be deducted from all refunds to cover administrative costs. Proceedings are not returnable, and an additional $25 will be deducted from refunds to nonmembers and students if this document has already been mailed.

(Form this may be reproduced.)