



AICR Annual Research Conference
October 29 – 31, 2014 • Capital Hilton Hotel • Washington, DC

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 (PLEASE CHECK ONE):

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

- ☐ 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 September 26</u>	<u>After September 26</u>
<input type="checkbox"/> Full Registration	\$495	\$595
<input type="checkbox"/> *Student (full-time)	\$295	\$370
<input type="checkbox"/> **One-day only	\$295	\$370
<input type="checkbox"/> Wednesday, October 29		
<input type="checkbox"/> Thursday, October 30		
<input type="checkbox"/> Friday, October 31		

☐ 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

All registration fees include continental breakfasts, refreshment breaks, lunches and receptions. Dinners are not included. A list of local restaurants will be provided at the registration desk.

Refunds (less a \$75 processing fee) will be made for cancellations received by October 1, 2014. After October 1, no refunds will be granted.

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 202
Fredericksburg, VA 22401**

Phone: 540-373-4493
Fax: 540-373-8893
Email: aicr@pearsonplanners.com