



**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

- Wednesday, October 29
- Thursday, October 30
- 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](http://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](mailto:aicr@pearsonplanners.com)