



Registration Form — Advances in Cancer Immunotherapy™

Date of Program: March 24, 2018, Location: Embassy Suites Buffalo

Registration Deadline: 3/19/18 – 5:00 pm ET

Society for Immunotherapy of Cancer

Please print clearly; your meeting badge will be populated from this information.

First Name: _____ Last Name: _____ M.I.: _____

Institution: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ Special Needs (physical, religious, etc.) – Please list: _____

Date of Birth: ____/____/____ Gender (please circle): Male Female

Degrees Achieved (please circle): MD PhD RN MS NP PharmD Other: _____ NPI Number: _____

Professional Role (Check one)

- Administration
- Clinical Care: Clinical/Practicing Oncologist
- Clinical Care: Nurse
- Clinical Care: Nurse Practitioner
- Clinical Care: Other: _____
- Clinical Care: Patient Advocate
- Clinical Care: Pharmacist
- Clinical Care: Physician Assistant
- Clinical Care: Social Worker
- Industry: Advocacy/Public Affairs
- Industry: Biostatistician
- Industry: Commercial
- Industry: Medical Affairs
- Industry: Research
- Patient/Caregiver
- Patient Advocate
- Scientific Research: Basic
- Scientific Research: Clinical
- Scientific Research: Translational
- Scientist-in-Training/Student
- Scientist-in-Training: Research Assistant

Work Setting (Check one)

- Academic Medical Center
- Clinic Group Independent
- Clinic Group Owned
- Community Hospital with Training Program
- Community Hospital without Training Program
- Foundation
- Government/Regulatory
- Industry/Biotech (1-50 Company Employees)
- Industry/Biotech (51 - 500 Company Employees)
- Industry/Biotech (500+ Company Employees)
- Non-Profit
- Patient Advocacy Organization
- Patient/Caregiver
- Solo Private Practice

Field(s) of Research/Specialty (Check all that apply)

- Biochemistry
- Cellular Biology
- Clinical Investigations/Clinical Trials
- Dermatology
- Genetics and Genomics
- Gynecologic Oncology
- Hematology
- Immunology
- Immunotherapy
- Internal Medicine
- Medical Oncology
- Microbiology
- Molecular Biology
- Neuro-oncology
- Pathology
- Pediatric Oncology
- Pharmacology/Toxicology
- Radiation Biology/Radiation Oncology
- Research Administration
- Stem Cell Biology
- Surgical Oncology
- Transplantation

Disease State/Type (Check up to 3)

- Bladder
- Brain/Central Nervous System
- Breast
- Gastro-intestinal
- Genito-Urinary
- Gynecological
- Head and Neck
- Hematologic Malignancies
- Liver
- Lung
- Melanoma
- Neuroblastoma
- Pan-Tumor
- Prostate
- Renal

How many oncology patients do you see each week? _____

How many physicians are in your practice? _____

How did you hear about this meeting? (Check one)

- Calendar/Meeting Listing
- Colleague/Word of Mouth
- Mailer
- Non SITC Website
- SITC Email
- SITC Website
- Facebook
- Twitter
- Other _____
- Non SITC Event

Registration Rates: Circle one - Rates are calculated by work setting.

	SITC Member Rates:	Non-Member Rates:
Student/Patient/Caregiver	Free	Free
Non-Industry Nurse/Patient Advocate/Non-Industry Pharmacist, Foundation/Non-Profit/Patient Advocacy Organization	\$25.00	\$40.00
Clinician/Academic	\$50.00	\$75.00
Government/Non-Industry	\$50.00	\$75.00
Industry (Includes Industry Nurse and Pharmacist)	\$280.00	\$350.00
Consultant/Small Biotech (1-50 Company Employees)	\$210.00	\$265.00

Method of Payment (Please check one)

- Check (enclosed) – Make checks payable to SITC in U.S. dollars drawn from a U.S. bank
 - Visa MasterCard American Express Discover
- Total fees _____

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name (printed): _____

Cardholder's Signature: _____

Waiver: Submission of this registration form and payment of associated fee serves as agreement by the delegate to release SITC, Embassy Suites Buffalo and their respective agents, employees, representatives, successors, and assigns, from any and all claims, demands, causes of action, damages, costs, and expenses, including attorneys' fees, for injury to person or damage to property arising out of attendance at this program. In addition, the delegate hereby grants permission to use his/her likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration, agreeing that these materials will become the property of SITC which has the right to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose. Additionally, the delegate waives any right to royalties or other compensation arising or related to the use of the photograph.

Cancellation / Refund Policy: Refund requests should be submitted to the SITC office by March 2, 2018. A \$25 processing fee will be charged for all paid registrations. All refunds will be processed after the programs. No refunds will be granted if cancellation is received after March 2, 2018. Special considerations will be given for health or family emergencies if requested in writing no later than April 6, 2018.

Submit a copy of this form and payment to:

SITC, 555 E. Wells St, Suite 1100, Milwaukee, WI 53202-3823, USA or Fax to 1-414-276-3349

Questions? Call: 414-271-2456 or Email: education@sitcancer.org

**Non-Member Students and Fellows-in-Training are required to provide proof of enrollment or a letter from a lab supervisor with this registration form.