



Registration Form — Advances in Cancer Immunotherapy™

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 check): Male Female

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

Professional Role (Check one)

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

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)
- Investor
- 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
- Non SITC Event

Registration Rates: Please check one - Rates are calculated by work setting.

	SITC Member Rates:	SITC Non-Member Rates:
General Attendee	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Industry (includes Industry Nurse and Pharmacist).	<input type="checkbox"/> \$280	<input type="checkbox"/> \$350
Investor	<input type="checkbox"/> \$280	<input type="checkbox"/> \$350
Small Biotech	<input type="checkbox"/> \$210	<input type="checkbox"/> \$265

Please select a concurrent session from each time frame below.

- 5:10 – 5:50 p.m.
 - Immunotherapy for the Treatment of Lung Cancer
 - Immunotherapy for the Treatment of Melanoma
- 5:55 – 6:35 p.m.
 - Immunotherapy for the Treatment of Head and Neck Cancer
 - Immunotherapy for the Treatment of Genitourinary Malignancies

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 the Venue 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.

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