



Society for Immunotherapy of Cancer

# Registration Form — Advances in Cancer Immunotherapy™

Please specify which location you are registering for \_\_\_\_\_

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 ☐ Third Gender/Non Binary

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

## Professional Role (Check one)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Administration                    | <input type="radio"/> Medical Oncologist         | <input type="radio"/> Scientific Research: Clinical                        |
| <input type="radio"/> Allergist                         | <input type="radio"/> Nurse                      | <input type="radio"/> Scientific Research: Translational                   |
| <input type="radio"/> Clinician/Practicing Oncologist   | <input type="radio"/> Nurse Practitioner         | <input type="radio"/> Scientist-in-Training/Student: Resident              |
| <input type="radio"/> Dermatologist                     | <input type="radio"/> Pathologist                | <input type="radio"/> Scientist-in-Training/Student: Undergraduate Student |
| <input type="radio"/> Emergency Physician               | <input type="radio"/> Patient Advocate           | <input type="radio"/> Scientist-in-Training/Student: Clinical Fellow       |
| <input type="radio"/> Endocrinologist                   | <input type="radio"/> Patient/Caregiver          | <input type="radio"/> Scientist-in-Training/Student: Graduate Student      |
| <input type="radio"/> Industry: Advocacy/Public Affairs | <input type="radio"/> Pharmacist                 | <input type="radio"/> Scientist-in-Training/Student: Medical Student       |
| <input type="radio"/> Industry: Biostatistician         | <input type="radio"/> Physician Assistant        | <input type="radio"/> Scientist-in-Training/Student: Post Doc Fellow       |
| <input type="radio"/> Industry: Commercial              | <input type="radio"/> Primary Care Physician     | <input type="radio"/> Social Worker  |
| <input type="radio"/> Industry: Medical Affairs         | <input type="radio"/> Radiation Oncologist       | <input type="radio"/> Surgeon  |
| <input type="radio"/> Industry: Research                | <input type="radio"/> Rheumatologist             | <input type="radio"/> Urologist  |
| <input type="radio"/> Investor                          | <input type="radio"/> Scientific Research: Basic | <input type="radio"/> Other: _____   |

## Work Setting (Check one)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Academic Medical Center                     | <input type="radio"/> Government/Regulatory               | <input type="radio"/> Non-Profit                    |
| <input type="radio"/> Clinic Group Independent                    | <input type="radio"/> Industry/Biotech (1-50 Employees)   | <input type="radio"/> Patient Advocate Organization |
| <input type="radio"/> Clinic Group Owned                          | <input type="radio"/> Industry/Biotech (500+ Employees)   | <input type="radio"/> Patient/Caregiver             |
| <input type="radio"/> Community Hospital with Training Program    | <input type="radio"/> Industry/Biotech (51-500 Employees) | <input type="radio"/> Solo Private Practice         |
| <input type="radio"/> Community Hospital without Training Program | <input type="radio"/> Investor                            |   |
| <input type="radio"/> Foundation                                  | <input type="radio"/> Non Medical Academic Center         |   |

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Antibody-Based Therapies                | <input type="checkbox"/> Gynecologic Oncology                 | <input type="checkbox"/> Pathology                            |
| <input type="checkbox"/> Biochemistry                            | <input type="checkbox"/> Hematology                           | <input type="checkbox"/> Pediatric Oncology                   |
| <input type="checkbox"/> Bioinformatics                          | <input type="checkbox"/> Immunology                           | <input type="checkbox"/> Pharmacology/Toxicology              |
| <input type="checkbox"/> Cellular Therapies                      | <input type="checkbox"/> Immuno-Oncology                      | <input type="checkbox"/> Radiation Biology/Radiation Oncology |
| <input type="checkbox"/> Cytokines                               | <input type="checkbox"/> Immunotherapy                        | <input type="checkbox"/> Research Administration              |
| <input type="checkbox"/> Clinical Investigations/Clinical Trials | <input type="checkbox"/> Internal Medicine                    | <input type="checkbox"/> Stem Cell Biology                    |
| <input type="checkbox"/> Dermatology                             | <input type="checkbox"/> Medical Oncology                     | <input type="checkbox"/> Surgical Oncology                    |
| <input type="checkbox"/> Drug Development                        | <input type="checkbox"/> Microbiology and Infectious Diseases | <input type="checkbox"/> Transplantation                      |
| <input type="checkbox"/> Endocrinology                           | <input type="checkbox"/> Molecular Biology                    | <input type="checkbox"/> Neuro-oncology                       |
| <input type="checkbox"/> Gastroenterology                        | <input type="checkbox"/> Neuro-oncology                       | <input type="checkbox"/> Urology                              |
| <input type="checkbox"/> Genetics and Genomics                   | <input type="checkbox"/> Oncolytic Virus/Vaccines             |   |

## Disease State/Type (Check up to 3)

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Bladder                      | <input type="checkbox"/> Glioblastoma  | <input type="checkbox"/> Lung         | <input type="checkbox"/> Neuroblastoma |
| <input type="checkbox"/> Brain/Central Nervous System | <input type="checkbox"/> Gynecological | <input type="checkbox"/> Lymphoma     | <input type="checkbox"/> Pancreas      |
| <input type="checkbox"/> Breast                       | <input type="checkbox"/> Head & Neck   | <input type="checkbox"/> Melanoma     | <input type="checkbox"/> Pan-Tumor     |
| <input type="checkbox"/> Colon/rectum                 | <input type="checkbox"/> Leukemia      | <input type="checkbox"/> Mesothelioma | <input type="checkbox"/> Prostate      |
| <input type="checkbox"/> Genito-Urinary               | <input type="checkbox"/> Liver         | <input type="checkbox"/> Myeloma      | <input type="checkbox"/> Renal         |

Continued on next page >>

**How many oncology patients do you see each week?** \_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| <input type="radio"/> Calendar/Meeting Listing | <input type="radio"/> Mailer           | <input type="radio"/> SITC Email         |
| <input type="radio"/> Colleague/Word of Mouth  | <input type="radio"/> Non SITC Event   | <input type="radio"/> SITC Exhibit Booth |
| <input type="radio"/> Facebook                 | <input type="radio"/> Non SITC Website | <input type="radio"/> SITC Website       |
| <input type="radio"/> LinkedIn                 | <input type="radio"/> Other _____      | <input type="radio"/> Twitter            |

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

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

Please select a concurrent session from each time frame below.

**4:05 – 4:40 p.m.**

- ☐ Immunotherapy for the Treatment of Skin Cancers  
OR  
☐ Immunotherapy for the Treatment of Lung Cancer

**4:45 – 5:20 p.m.**

- ☐ Immunotherapy for the Treatment of Head and Neck Cancers  
OR  
☐ Immunotherapy for the Treatment of Genitourinary Malignancies

**5:25 – 6:00 p.m.**

- ☐ Immunotherapy for the Treatment of Genitourinary Malignancies  
OR  
☐ Immunotherapy for the Treatment of Additional Solid Tumors

**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: [events@sitcancer.org](mailto:events@sitcancer.org)