

ADVANCE REGISTRATION FORM

FOR OFFICE USE ONLY • Group ID Code

32nd Annual San Antonio Breast Cancer Symposium • December 9-13, 2009

COMPLETE ALL SECTIONS FULLY • ONE INDIVIDUAL PER FORM

CIRCLE ONE Dr. Prof. Mr. Mrs. Ms. Miss	LAST NAME	FIRST NAME	MI
SPOUSE (If attending): (Access to exhibits only)	SPOUSE LAST NAME	SPOUSE FIRST NAME	MI

EMERGENCY CONTACT NAME & PHONE NUMBER _____

E-MAIL ADDRESS _____

DEGREE(s) (or Equivalent) MD DO PhD PharmD RN Other _____	INSTITUTION, COMPANY, or ORGANIZATION NAME
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DEPARTMENT _____

ADDRESS 1 _____

ADDRESS 2 _____ CITY _____

STATE or PROVINCE _____ COUNTRY (if not US) _____

ZIP OR POSTAL CODE _____ TELEPHONE NUMBER, WITH COUNTRY & CITY CODES _____ FAX NUMBER, WITH COUNTRY & CITY CODES _____

PRIMARY PROFESSIONAL FOCUS (Check ONE only): <input type="checkbox"/> Medical Practice/Clinical Research <input type="checkbox"/> Basic Research <input type="checkbox"/> Epidemiology <input type="checkbox"/> Prevention <input type="checkbox"/> Translational Research <input type="checkbox"/> Other	PRIMARY PROFESSIONAL OCCUPATION (Check ONE only): <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;">Medical Practice/Clinical Research</td> <td style="text-align: center;">Basic Research</td> <td style="text-align: center;">Industry</td> <td style="text-align: center;">Other Profession</td> </tr> <tr> <td><input type="checkbox"/> 01 Medical Oncologist</td> <td><input type="checkbox"/> 20 Laboratory Scientist</td> <td><input type="checkbox"/> 30 Corporate Research</td> <td><input type="checkbox"/> 40 Patient Advocate</td> </tr> <tr> <td><input type="checkbox"/> 02 Surgical Oncologist</td> <td><input type="checkbox"/> 21 Statistician</td> <td><input type="checkbox"/> 31 Marketing/Sales</td> <td><input type="checkbox"/> 41 Administrator</td> </tr> <tr> <td><input type="checkbox"/> 03 Radiation Oncologist</td> <td><input type="checkbox"/> 22 Epidemiologist</td> <td><input type="checkbox"/> 32 Industry Nurse</td> <td><input type="checkbox"/> 42 Other PR</td> </tr> <tr> <td><input type="checkbox"/> 04 General Surgeon</td> <td><input type="checkbox"/> 23 Postdoctoral Fellow</td> <td><input type="checkbox"/> 33 Pharmaceutical Rep</td> <td><input type="checkbox"/> 43 Press/Media</td> </tr> <tr> <td><input type="checkbox"/> 05 Gynecologic Oncologist</td> <td><input type="checkbox"/> 24 Research Assistant</td> <td><input type="checkbox"/> 34 Industry PR</td> <td><input type="checkbox"/> 44 Medical Writer</td> </tr> <tr> <td><input type="checkbox"/> 06 Pathologist</td> <td><input type="checkbox"/> 25 Student</td> <td><input type="checkbox"/> 35 Other Industry</td> <td><input type="checkbox"/> 45 Pharmacist</td> </tr> <tr> <td><input type="checkbox"/> 07 Radiologist</td> <td></td> <td></td> <td><input type="checkbox"/> 46 Other Occupation</td> </tr> <tr> <td><input type="checkbox"/> 08 Clinical Geneticist</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 09 Oncology Nurse</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 10 Research Nurse</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 11 Data Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 12 Other Physician</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 13 Other Nurse</td> <td></td> <td></td> <td></td> </tr> </table>	Medical Practice/Clinical Research	Basic Research	Industry	Other Profession	<input type="checkbox"/> 01 Medical Oncologist	<input type="checkbox"/> 20 Laboratory Scientist	<input type="checkbox"/> 30 Corporate Research	<input type="checkbox"/> 40 Patient Advocate	<input type="checkbox"/> 02 Surgical Oncologist	<input type="checkbox"/> 21 Statistician	<input type="checkbox"/> 31 Marketing/Sales	<input type="checkbox"/> 41 Administrator	<input type="checkbox"/> 03 Radiation Oncologist	<input type="checkbox"/> 22 Epidemiologist	<input type="checkbox"/> 32 Industry Nurse	<input type="checkbox"/> 42 Other PR	<input type="checkbox"/> 04 General Surgeon	<input type="checkbox"/> 23 Postdoctoral Fellow	<input type="checkbox"/> 33 Pharmaceutical Rep	<input type="checkbox"/> 43 Press/Media	<input type="checkbox"/> 05 Gynecologic Oncologist	<input type="checkbox"/> 24 Research Assistant	<input type="checkbox"/> 34 Industry PR	<input type="checkbox"/> 44 Medical Writer	<input type="checkbox"/> 06 Pathologist	<input type="checkbox"/> 25 Student	<input type="checkbox"/> 35 Other Industry	<input type="checkbox"/> 45 Pharmacist	<input type="checkbox"/> 07 Radiologist			<input type="checkbox"/> 46 Other Occupation	<input type="checkbox"/> 08 Clinical Geneticist				<input type="checkbox"/> 09 Oncology Nurse				<input type="checkbox"/> 10 Research Nurse				<input type="checkbox"/> 11 Data Manager				<input type="checkbox"/> 12 Other Physician				<input type="checkbox"/> 13 Other Nurse			
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<input type="checkbox"/> 10 Research Nurse																																																									
<input type="checkbox"/> 11 Data Manager																																																									
<input type="checkbox"/> 12 Other Physician																																																									
<input type="checkbox"/> 13 Other Nurse																																																									

REGISTRATION CATEGORY:

- Regular Registration
- Regular Registration: AACR members

AACR member ID: _____

Postdoctoral MD in training

Postdoctoral PhD in training

Student (Valid ID required w/registration)

UTHSCSA & BCM staff & faculty

(Valid ID required w/registration)

Patient Advocate*

(Must provide name of the organization you are representing)

Advocate Organization _____

*Contact **Alamo Breast Cancer Foundation** PO Box 780067, San Antonio TX 78278, for Advocate Program information and possible financial assistance • E-mail sandisues@sbcglobal.net

Are you part of an official Group Registration? No Yes

(Provide Group ID Code here.) _____

REFUNDS: Cancellations received on or before November 17, 2009 will be refunded less processing fees. Cancellations received after November 17, 2009 are non-refundable.

Mail to:
SABCS Registration c/o AMBASSADORS
240 Peachtree St. 22-5-10
Atlanta, GA 30303

OR fax to:
888-267-0945
or 949-219-2317
(International)

Registration inquiries may be directed to: sabcsreg@ambassadors.com
or by phone 877-517-3040 (US & Canada) or 404-584-7458 x2651 (International).

(Check One)	
Until 10/31/09	Beginning 11/1/09
RRA <input type="checkbox"/> \$ 400	\$ 575
CRA <input type="checkbox"/> \$ 350	\$ 500

PMA <input type="checkbox"/> \$ 65	\$ 75
PPA <input type="checkbox"/> \$ 65	\$ 75
SU <input type="checkbox"/> \$ 0	\$ 0
ST <input type="checkbox"/> \$ 0	\$ 0
PAA <input type="checkbox"/> \$ 65	\$ 75

Total for Registration Fee\$ _____

Wire Transfer Fee \$25 (if applicable).....\$ _____

TOTAL AMOUNT DUE.....\$ _____

Payment must be in US Currency. • Checks must be drawn on US bank.

PAYMENT TYPE: (No Purchase Orders.)

- Payment is being made by Group Contact.
- Check/Money Order/Draft.
(Make payable to UTHSCSA-CME#127258)
Wire Transfer, your bank to ours. Add \$25 to the total for transfer fees.

Instructions for wire transfer will be sent to you by E-mail after your registration is received by SABCS.

AMEX MasterCard Visa Discover

Credit Card Number _____

Exp Date (MM/YY) _____

Cardholder Name _____

Signature _____

Pursuant to the Americans With Disability Act, I require specific aids or services during my visit. Audio Visual Mobile

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