

# Registration Form

25th Annual Meeting and Associated Programs

October 1-4, 2010 ~ Hyatt Regency Washington on Capitol Hill ~ Washington, D.C.



First Name: \_\_\_\_\_ Last (Family) Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I do not wish to be included in the registration listings.

Special Needs (*physical, dietary, religious*). \_\_\_\_\_

## Please check your practice or work setting (check one):

Lab       Clinic       Lab & Clinic (translational)

## Please check your field(s) of specialty:

Cell Biology       Immunotherapy       Pediatric Oncology       Surgical Cell Biology  
 Dermatology       Internal Medicine       Pharmacology/Toxicology       Transplantation  
 Genetics       Medical Oncology       Radiation Oncology       Other: \_\_\_\_\_  
 Gynecologic Oncology       Microbiology       Radiology      \_\_\_\_\_  
 Hematology       Molecular Biology       Stem Cell Biology      \_\_\_\_\_

## Please check the disease state(s) most affiliated with your research:

Breast       Hepatocellular       Lung       Neuroblastoma       Renal Cell  
 Colorectal       Kidney       Lymphoma       Ovarian       Other: \_\_\_\_\_  
 Head & Neck       Leukemia       Melanoma       Prostate      \_\_\_\_\_

**Registration Instructions:** Please note your registration classification to determine the correct program fees. For non-members, your classification is determined by your primary institution. Non-Member Students and Fellows-in-Training are required to provide proof of enrollment or a letter from lab supervisor with this form. Allied Health Professionals are non- MD, PhD or PharmD individuals such as nurses, physician assistants, or lab technicians. To determine total fee owed, fill in the appropriate program costs in each section, then transfer each program cost to the Payment Information section of this form. *Registration is limited for all iSBTc events. You will be notified in advance if your preferences cannot be accommodated.*

## Early Career Scientist Activities

*These activities are geared towards individuals who are early in their career. Sessions are limited and priority will be given to Early Career Scientists.*

**Please check here if you qualify as an Early Career Scientist:**

### Meet-the-Expert Breakfasts

Saturday, October 2, 2010 (7:00 am – 7:45 am)

No fee with Annual Meeting registration

The following sessions run concurrently and space is limited. Please mark your preference below.

- |  |  |
|--|--|
| <input type="checkbox"/> Developing Successful Collaborations - Michael T. Lotze, MD | <input type="checkbox"/> Grant Writing - Patrick Hwu, MD                 |
| <input type="checkbox"/> Finding Your Niche - Francesco Marincola, MD                | <input type="checkbox"/> Publishing Papers - Robert O. Dillman, MD, FACP |
| <input type="checkbox"/> Managing a Research Lab - William J. Murphy, PhD            | <input type="checkbox"/> Translational Research - Pierre Coulie, MD, PhD |
| <input type="checkbox"/> Testing Your Hypothesis - Giorgio Parmiani, MD              |  |

**Evening Networking Event** (Check if interested)

Saturday, October 2, 2010 (8:00 pm ~ Hotel Lobby)

*A group will meet and walk to a nearby establishment for informal networking. Individuals will be responsible for their own costs.*



**Primer Registration**

Primer on Tumor Immunology & Biological Therapy of Cancer Friday, October 1, 2010 (8:00 am – 5:00 pm)	Early Registration Fee (By Aug. 13)	Regular Registration Fee (After Aug.13)	Fill in the appropriate Primer registration costs on the line below:  \$ _____
Members:	\$150	\$200	
Members (Student):	\$75	\$100	
Non-Members (Academic/Government):	\$200	\$250	
Non-Members (Industry):	\$300	\$350	
Non-Members (Students*/Allied Health):	\$100	\$125	

**Workshop Registration**

Workshop on Monoclonal Antibodies in Cancer Friday, October 1, 2010 (8:00 am – 5:00 pm)	Early Registration Fee (By Aug. 13)	Regular Registration Fee (After Aug.13)	Fill in the appropriate Workshop registration cost on the line below:  \$ _____
Members:	\$225	\$250	
Members (Student):	\$100	\$130	
Non-Members (Academic/Government):	\$250	\$275	
Non-Members (Industry):	\$350	\$400	
Non-Members (Students*/Allied Health):	\$125	\$155	

**Annual Meeting Registration**

Saturday, October 2 – Monday, October 4, 2010	Early Registration Fee (By Aug. 13)	Regular Registration Fee (After Aug.13)	Fill in the appropriate Annual Meeting registration costs on the line below:  \$ _____
Members: Saturday – Monday One Day Only: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon.	\$595 \$275	\$650 \$300	
Members (Student): Saturday – Monday One Day Only: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon.	\$275 \$165	\$310 \$175	
Non-Members (Academic/Government): Saturday – Monday One Day Only: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon.	\$650 \$300	\$725 \$325	
Non-Members (Industry): Saturday – Monday One Day Only: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon.	\$875 \$475	\$950 \$525	
Non-Members (Students*/Allied Health): Saturday – Monday One Day Only: <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Mon.	\$310 \$175	\$345 \$185	

**Annual Meeting Concurrent Sessions**

Please indicate your session choice:

Saturday: I)  Targeted Therapeutics & Immunotherapy II)  Innate/Adaptive Immune Interplay in Cancer  
 Sunday: I)  Countering Negative Regulation II)  Immune Cell Trafficking to Tumor Microenvironment

**Annual Meeting Social Activities**

Please indicate if you will be attending these receptions (pre-registration required):

Poster Reception (Sunday, October 2, 2010)  
 25th Anniversary & Awards Reception at the Smithsonian National Museum of Natural History  
 (Sunday, October 3, 2010; 7:00 pm – 10:00 pm)

**Anniversary 5K Fun Run** (Check if interested)  
 Sunday, October 3, 2010 (6:15 am Hotel Lobby)  
 Run Begins at 6:30 am and follows a route on the National Mall.

\*Proof of enrollment required.



# Registration Form 25th Annual Meeting and Associated Programs

## Hot Topic Symposium Registration

Topic TBA Monday, October 4, 2010 (10:15 am – 12:00 pm)		Fill in the appropriate Symposium registration cost on the line below:  \$ _____
Delegates registered for the Annual Meeting:	No fee	
Other Attendees	\$100	

## Biomarkers Meeting Registration

Immuno-Oncology Biomarkers 2010 and Beyond: Perspectives from the iSBTC Biomarker Task Force Thursday, September 30, 2010 (8:00 am - 5:00 pm) Masur Auditorium, NIH Campus		Fill in the appropriate meeting registration cost on the line below:  \$ _____
Delegates registered for the Annual Meeting, Primer, and/or Workshop:	No fee	
Government Employees	No fee	
Other Attendees	\$100	

## “Friend of the President” Ribbons

Supports the iSBTC Trust for research, education and training and honors iSBTC President, Dr. Bernie Fox.		Fill in the appropriate Donation amount on the line below:  \$ _____
Number of ribbons: _____	\$50 minimum donation per ribbon	

## Spouse/Guest Registration

Registered spouses/guests will ONLY be admitted to Annual Meeting evening social functions. Society members or authors/co-authors of abstracts may not use the guest registration fee.		Fill in the appropriate Guest registration cost on the line below:  \$ _____
Name of Guest(s): _____	\$100 each guest	

## Payment Information: Insert fees from above sections to determine total registration fee.

Biomarkers Meeting: September 30 (Masur Auditorium, NIH Campus)	\$ _____
Primer: October 1	\$ _____
Workshop: October 1	\$ _____
Annual Meeting: October 2-4	\$ _____
Hot Topic Symposium: October 4	\$ _____
“Friend of the President”/iSBTC Trust donation:	\$ _____
Guest Registration:	\$ _____
<b>Total Payment Due:</b>	<b>\$ _____</b>

Full payment must accompany this form. Make checks payable to iSBTC in U.S. dollars drawn from a U.S. bank.

Method of Payment:     Visa     MasterCard     American Express     Check (enclosed)

Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Cancellation / Refund Policy

Refund requests must be submitted in writing to the iSBTC office by August 13, 2010. A \$50 processing fee will be subtracted from the refund amount. All refunds will be processed after the programs. No refunds will be granted for cancellations received after August 13, 2010.

**Mail completed form and full payment to:** iSBTC • 555 E. Wells St., Suite 1100 • Milwaukee, WI 53202 USA  
**Fax completed form to:** 414-276-3349 • **Register online:** [www.isbtc.org](http://www.isbtc.org)

Please contact the iSBTC office at 414-271-2456 or [info@isbtc.org](mailto:info@isbtc.org) with any questions.