

Registration Form



25th Annual Meeting and Associated Programs

Sept. 30-Oct. 4, 2010 ~ Hyatt Regency Washington on Capitol Hill, Washington, D.C. & NIH Campus, Masur Auditorium, Bethesda, MD

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:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Pediatric Oncology | <input type="checkbox"/> Surgical Cell Biology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pharmacology/Toxicology | <input type="checkbox"/> Transplantation |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Medical Oncology | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gynecologic Oncology | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Radiology | _____ |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Stem Cell Biology | _____ |

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

- | | | | | |
|--------------------------------------|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Hepatocellular | <input type="checkbox"/> Lung | <input type="checkbox"/> Neuroblastoma | <input type="checkbox"/> Renal Cell |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Kidney | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Ovarian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Melanoma | <input type="checkbox"/> 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.



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Primer Registration

Primer on Tumor Immunology & Biological Therapy of Cancer Friday, October 1, 2010 (8:00 am – 5:00 pm) Hyatt Regency Washington	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) Hyatt Regency Washington	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 Hyatt Regency Washington	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.



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Hot Topic Symposium Registration

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

Biomarkers Symposium Registration

Symposium on Immuno-Oncology Biomarkers, 2010 and Beyond Thursday, September 30, 2010 (8:00 am - 5:00 pm) NIH Campus, Masur Auditorium		Fill in the appropriate Symposium registration cost on the line below: \$ _____
Delegates registered for the Annual Meeting, Primer 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 Symposium: September 30 (NIH Campus, Masur Auditorium)	\$ _____
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:	\$ _____
Total Payment Due:	\$ _____

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

Please contact the iSBTc office at 414-271-2456 or info@isbtc.org with any questions.