



CANCER PREVENTION &  
RESEARCH INSTITUTE OF TEXAS



## OFF-LINE CONFERENCE REGISTRATION FORM

Early Registration June 15 – Sept. 10  
Advance Registration Sept. 11 – Nov. 8  
On-site Registration Nov. 16 – 19

### INNOVATIONS IN CANCER PREVENTION AND RESEARCH CONFERENCE

NOVEMBER 16-19, 2010

AUSTIN, TEXAS

AUSTIN CONVENTION CENTER

Registration Type	EARLY	ADVANCE	ON-SITE	TOTAL
General Admission	\$265	\$295	\$325	\$ _____
Nonprofit/Advocacy Groups*	\$165	\$195	\$225	\$ _____
Students*	\$115	\$145	\$175	\$ _____

Conference fees include meeting materials, meals and beverages throughout the conference. Meals include Welcome Breakfast, Evening Reception and two Keynote Luncheons. Dinner is on your own each night.

\*Students and staff of nonprofit/advocacy groups must show valid identification upon entry or will have to pay an additional \$100.

#### Registrant Information:

Mr.  Dr.  Mrs.  Ms.  Miss

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Preferred Name on Badge \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Payment Information: *Please make checks payable to the CPRIT Foundation.\**

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

Card Number \_\_\_\_\_ Expiration (mo/yr) \_\_\_\_\_

Credit Card Type (choose one)  VISA  MC  AMEX  DISC CVV Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

#### Billing Information: *Select this box if billing address is the same as above.*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

\* Although registration fees are payable to the CPRIT Foundation, the funds are used directly to reimburse costs of the conference and are therefore **not considered a donation**. Registration for the conference will not have any effect on eligibility for future grant applications.

#### PLEASE COMPLETE THESE ADDITIONAL REGISTRATION QUESTIONS

##### Special Accommodations?

(ie. Disability/ Auxiliary aids or services)

NO  YES (please explain)

##### Dietary Restrictions?

(ie. Vegetarian, vegan, allergies)

NO  YES (please explain)

##### Are you interested in program sessions focused on:

RESEARCH  PREVENTION  
 COMMERCIALIZATION

##### Was your abstract selected for a presentation or a poster session?

YES  NO

##### Hotels

Participating hotels are honoring the CPRIT Conference group rate of \$115. Visit the conference web site for list and contact information.  
<http://cpritconference2010.eventbrite.com/>

##### Cancellation Policy

Cancellations will only be accepted until October 15. Cancellations will not be processed until authorized by a CPRIT Foundation staff member.

##### Photography Release

By registering I understand that CPRIT will be photographing and/or recording the Innovations Conference and that as a participant, my image may be included. By participating, I give CPRIT permission to use any media of me in connection with the conference for any promotional or media materials. I release CPRIT/CPRIT Foundation and its employees from any and all liability. I waive all rights, interest or payment claims in connection with any use or release of these materials.

#### HAVE QUESTIONS or NEED MORE INFORMATION?

Call: 512-236-1001 Email: [rsvp@cpritfoundation.org](mailto:rsvp@cpritfoundation.org)

To return completed form, please either **FAX to 512-236-1001** or **MAIL to CPRIT Foundation, P.O. Box 12631, Austin, TX 78711**