

GROUP REGISTRATION CONTACT FORM

Confirmed hotel reservation through the SABCS Housing Bureau is required for registration.

FOR OFFICE USE ONLY • Group ID Code

Group Registration Opens: March 18, 2013 • Group Registration Deadline: November 15, 2013
2013 San Antonio Breast Cancer Symposium

1 GROUP IDENTITY

Number of persons in the group (must have at least 5) _____

Group's Corporate Sponsor _____

2 REGISTRATION METHOD

Online The group registration contact must register and apply for a group ID and password prior to registering any group members. You may register as the contact by faxing a completed Group Registration Contact Form to the facsimile number indicated on the form. Within five (5) business days of receipt of the group contact information, you will be provided your group ID number and password by return email. Once you have received your ID number and password, you will be able to register and manage your group at www.sabcs.org.

SPREADSHEETS WILL NOT BE ACCEPTED.

3 GROUP CONTACT INFORMATION

If Group Contact will attend the Symposium, he/she must register and pay along with other Group members.

Contact Name

Company or Agency Name

Address

City State or Province Postal or ZIP Code

Country

Phone Number (country code + city or area code + number)

FAX Number (country code + city or area code + number)

Email Address (Either fax number or Email is required)

4 ON-SITE GROUP REPRESENTATIVE

An on-site representative is required for your group. If an on-site representative is not designated, group registration will not be accepted.

Contact Name

Company or Agency Name

Address

City State or Province Postal or ZIP Code

Country

Phone Number (country code + city or area code + number)

FAX Number (country code + city or area code + number):

Email Address (Either fax number or Email is required):

5 GROUP PAYMENT TYPE (No Purchase Orders)

- Check/Money Order/Draft.
(Make payable to UTHSCSA #151794) Tax ID: 74-1586031
- Wire Transfer, your bank to ours. Add \$30 to total for transfer fees

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

- American Express Master Card Visa Discover

Credit Card Number _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Signature _____

6 SABCS ONLINE RESOURCES

The 2013 SABCS Abstract Book will be published in January 2014 as a special online citable supplement to the AACR journal *Cancer Research*. Each SABCS registrant will receive a log-in & password which will allow access to SABCS abstracts, slides & posters online. Attendees will receive their materials at check-in on site.

7 REGISTRATION FEE

Through October 31, 2013: \$450
Effective November 1, 2013: \$600
Wire Transfer Fee \$30 (if applicable)
See Advance Registration form for additional registration fees.

Lunch Tickets

- Lunch tickets for 2013 SABCS are offered for either
1. \$14.00: Boxed lunch and a soda or water; redeemable at the three Express Lunch areas located in Exhibit Halls A, B & C.
 2. \$18.00: A hot item, soda or water and a dessert; redeemable at the Food Court located in Exhibit Hall B.

No refund or partial refund will be issued for a ticket or for a partial redemption of a ticket.

8 CONFIRMATIONS

Send registration confirmations to Group Contact to individuals

FAX THIS FORM TO 210-450-1560, or mail to:

SABCS c/o UT Health Science Center
7979 Wurzbach Road, MC 8224
San Antonio, TX 78229

CANCELLATIONS POLICY

Cancellations must be in writing and received by November 15.

NAME CHANGES POLICY

Changes must be made in writing and received by November 15. After November 15, name changes must be made on-site.

CANCELLATION REFUNDS

Cancellations received on or before November 15 will be refunded less a \$75.00 Processing Fee. Cancellations received after November 15 are nonrefundable.