



AMERICAN ASSOCIATION FOR CANCER RESEARCH

AMERICAN SOCIETY OF CLINICAL ONCOLOGY



APPLICATION FORM

**AACR/ASCO WORKSHOP
METHODS IN CLINICAL CANCER RESEARCH
JULY 29-AUGUST 4, 2000**

(Please Print or Type)

NAME _____
Last First M.I.

TYPE OF APPLICATION Applicant is a (check only **one** of the two boxes below and supply the date requested)

Clinical fellow seeking waiver of registration fees and support for travel and housing for this workshop. Anticipated date of completion of current fellowship: _____. Oncologic subspecialty:_____.

Clinical researcher at the junior faculty level (Assistant Professor, Instructor, or Lecturer; fellowship completed after April 30, 1995) who will receive complimentary meals and a stipend of \$600 towards travel and housing. Date of completion of most recent fellowship: _____. Oncologic subspecialty:_____.

CURRENT POSITION TITLE _____

INSTITUTION _____

INSTITUTIONAL ADDRESS _____

City State/Province/Country Postal Code

TELEPHONE _____ **FAX** _____ **E-MAIL** _____

HAVE YOU ATTENDED A RELATED OR SIMILAR WORKSHOP? ____ Yes ____ No. If yes, please describe:

EDUCATION (Begin with baccalaureate or other initial professional degree)

Degree	Institution	City	State or Country	Year

