

The 12th National Symposium on Prostate Cancer

Clark Atlanta University

Thomas W. Cole, Jr., Research Center for Science and Technology

Atlanta, Georgia 30314

September 16–19, 2018

Registration Form

- 1) Title: Dr. Mr. Ms. Mrs.
 Faculty Staff Graduate Undergraduate Postdoc
- 2) Should your abstract be included in the poster competition? Yes No
- 3) Would you be interested in participating as a judge? Yes No
- 4) Gender: Male Female
- 5) Major: _____
- 6) Name: _____
(First, Middle, Last)
- 7) Department: _____
- 8) Program Affiliation: _____
(e.g., RISE, HBCU-UP, LSAMP, RCMI, MARC U*STAR, etc.)
- 9) Institution/Organization: _____
- Address 1: _____
- Address 2: _____
- City: _____ State/Province: _____
- Postal Zone/Zip Code: _____ Country: _____
- 10) Telephone: _____ Fax: _____
- 11) E-mail: _____

Early Registration Fees (before June 15, 2018)

- Students and Trainees (Postdoctoral) \$150
- Academic \$250
- Corporate \$400
- **CAU and AUC students*** **Free** Full registration package \$50

Late Registration Fees and/or On-Site (after June 15, 2018)

- Students and Trainees (Postdoctoral) \$250
- Academic \$350
- Corporate \$500
- **CAU and AUC students*** **Free** Full registration package \$50

Registration fee includes the abstract booklet, participation in all scientific sessions, and symposium meals.

***Registration is free for all CAU and AUC students, however there is a \$50.00 fee for students to receive a complete registration packet of materials and to participate in symposium meals.**

Method of Payment

- **Payment must be made by check, money order, or cashier's check.**
- **Please remit payable to: CCRTD**

Mail registration form and payment to:

Cheryl R. Croft
CCRTD
Clark Atlanta University
P.O. Box 1872
223 James P. Brawley Drive, S.W.
Atlanta, Georgia 30314

Prior to submitting the payment by mail, you may fax your signed registration form to:

Cheryl R. Croft
(404) 880-6756(fax)

PLEASE NOTE: COMPLETED FORM MUST BE SAVED BEFORE IT CAN BE SUBMITTED VIA E-MAIL!!