NAACCR 2024 Registration Worksheet

Use this form to gather information from multiple attendees. To register go to <u>the NAACCR 2024 Conference webpage.</u>

Fill in the following three lines as you like them to be printed on your badge:

Name:	
Organization:	
Credentials:	
Email receipt to:	



Additional Information

Your participation in the following three questions assists NAACCR in documenting attendance at the NAACCR 2024 Annual Conference as required by one of our funding agencies. Disclosure of information is encouraged but optional.

Ethnicity: (Single choice)

- Hispanic or Latino
- Not Hispanic or Latino

Gender:

- Male
- Female
- Other

Race: (Multi-choice)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- White
- Other/Unknown

What is your highest Educational Degree?

- MD
- Other Doctorate (PhD, DrPH, etc.)
- Masters (MPH, MSPH, MBA, etc.)
- Bachelor's (BA, BS, etc.)
- Associate's (AA, AS, etc.)
- Other

Check all that apply

- I have a faculty appointment.
- I'm a First Time Attendee.
- I'm an ODS-C.
- I'm a current Committee/WG/TF member.

What is your primary job responsibility?

- Registry Director
- Registry Manager
- Registry Operations
- Quality Assurance Activities
- Data Management/Data Processing
- Epidemiologist
- Statistician
- Analyst
- Other

\$650 USD	\$650 USD \$750 USD
	\$750 USD
\$200 USD	\$250 USD
\$200 USD	\$250 USD
Before May 15, 2024	May 15, 2024, or later
\$275 USD	\$330 USD
\$275 USD	\$330 USD
\$275 USD	\$330 USD
\$ B \$	200 USD efore May 15, 2024 275 USD 275 USD

*Contact NAACCR office for registration link.

Circle or highlight options below:

PRECONFERENCE WORKSHOPS	Date	Fee
Cancer Survival: Principals, Methods, and Applications 3-day Workshop*	June, 22-24	\$1500 USD
Basic SEER*Stat	June 23	\$350 USD
Advanced SEER*Stat and NCI Tools	June 24	\$350 USD

*Registration for this workshop closes March 31.

Total Amount: \$ _____USD

СНЕСК	CREDIT CARD:	American Expr	ess	Discover	Master Card Visa
Card Number:		E×	kp.Date:		Security Code:
Imprinted Name:		Bi	lling Add	lress:	
Signature:					
Date Authorized:		Er	mail rece	eipt to:	

PAYMENT OPTIONS: To pay by check, the registrant must be affiliated with an organization that has an account with NAACCR, such as a central cancer registry, sponsoring, or sustaining member. Hospitals who purchase yearly webinar series often have accounts as well. Choose, "Submit without Paying." An invoice will be emailed to you. Payment is due before the start of the conference or workshop.

For all questions regarding the NAACCR 2024 Annual Conference registration process, please contact us at: <u>questions2us@naaccr.org</u>.

Registrants providing written notice of cancellation received by the NAACCR office on or before May 1, 2024, will be refunded the registration fee minus a \$100 processing fee. No refunds will be issued for cancellation after May 1, 2024. Substitutions of registrants are allowed at any time. If your organization requires that you phone in credit card information, please call Monica Thornton at 217-698-0800 ext. 1 with your payment information.

NAACCR will refer to local, state, and <u>CDC guidelines</u> for COVID-19 safety protocols at the 2024 conference. Please contact the <u>NAACCR Executive Office</u> with any questions.

To register go to the NAACCR 2024 Conference webpage.