



美国华裔血液及肿瘤专家学会
Chinese American Hematologist and Oncologist Network

2019 Summer Semi-Annual Symposium
June 1, 2019, Chicago Illinois

REGISTRANT INFORMATION (required fields*)

Member Type*: Lifetime – Active, \$0 Lifetime – Allied, \$0 Active, \$0 Allied, \$0
 Associate, \$0 Nonmember, \$0 Nonmember Industry, \$50 (invoice will be sent)

Prefix: _____ Name* (First, MI, Last): _____

Name to appear on badge (if different than above): _____

Designation(s)*: Not applicable MD PhD MD, PhD Other _____

Email*: _____ Phone: _____

Institution/Company*: _____ Position Title: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Dietary restriction(s): _____

If you require a special accommodation in order to fully participate in this activity, please check here.

WORK SETTING(S)*

- Academic Medical Center
- Community Hospital
- Government
- Industry (Biotech or Pharmaceuticals)
- Laboratory
- Private Practice
- No applicable
- Other: _____

RESEARCH INTEREST(S)*

- Bioinformatics
- Biomarkers
- Clinical Trials
- Correlation Studies
- Lab Research
- Outcome Research
- Preclinical Studies
- Not applicable
- Other: _____

FIELD(S) OF RESEARCH/SPECIALITY

- Hematology
- Oncology
- Pathology
- Radiation Oncology
- Surgical Oncology
- No applicable
- Other: _____

MAIN DISEASE STATE*: *Your name badge will indicate your main disease state and you are encouraged to sit at a designated table with colleagues of the same disease state.*

- Breast
- Central Nervous System
- Gastrointestinal
- Genitourinary
- Gynecological
- Head & Neck
- Hematologic Malignancies
- Neuroblastoma
- Pan Tumor
- Skin Cancer
- Thoracic
- Not applicable
- Other: _____

Please send form to Anna Douangphachanh at adouan@cahon.org by Wednesday, May 29, 2019.