



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

2019 New York Oncology Forum Registration

Member Type*: ☐ Lifetime – Active, \$0 ☐ Lifetime – Allied, \$0 ☐ Active, \$0 ☐ Allied, \$0
☐ Associate, \$0 ☐ Nonmember, \$0 ☐ Nonmember Industry, \$500

Are you an ACAP Member*? ☐ Yes ☐ No

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

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

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

Email*: _____ Phone: _____

Institution/Company*: _____ Position Title: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

☐ Dietary restriction(s): _____

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

RESEARCH INTERESTS (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Correlation Studies | <input type="checkbox"/> Preclinical Studies |
| <input type="checkbox"/> Biomarkers | <input type="checkbox"/> Lab Research | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Outcome Research | |

FIELDS OF RESEARCH/SPECIALTY (check all that apply):

- ☐ Hematology ☐ Oncology ☐ Pathology ☐ Radiation Oncology ☐ Surgical Oncology ☐ Other: _____

DISEASE STATE (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Breast | Genito | Head & Neck | <input type="checkbox"/> Neuroblastoma |
| Central Nervous System | <input type="checkbox"/> Urinary-Adrenal | <input type="checkbox"/> Hypopharynx | <input type="checkbox"/> Pan Tumor |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Urinary-Bladder | <input type="checkbox"/> Larynx | Skin Cancer |
| <input type="checkbox"/> Spinal Cord | <input type="checkbox"/> Urinary-Penile | <input type="checkbox"/> Nasopharyngeal | <input type="checkbox"/> Actinic Keratosis |
| Gastrointestinal | <input type="checkbox"/> Urinary-Prostate | <input type="checkbox"/> Oral Cavity | <input type="checkbox"/> Basal Cell Carcinoma |
| <input type="checkbox"/> Anus | <input type="checkbox"/> Urinary-Renal | <input type="checkbox"/> Oropharynx | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Biliary System | <input type="checkbox"/> Urinary-Testicular | <input type="checkbox"/> Paranasal Sinuses & Nasal Cavity | <input type="checkbox"/> Squamous Cell Carcinoma |
| <input type="checkbox"/> Gastroesophageal Junction | Gynecological | <input type="checkbox"/> Salivary Glands | Thoracic |
| <input type="checkbox"/> Large Intestine | <input type="checkbox"/> Cervix | Hematologic Malignancies | <input type="checkbox"/> Esophageal |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Fallopian Tubes | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Ovaries | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Mesothelioma |
| <input type="checkbox"/> Rectum | <input type="checkbox"/> Vagina | <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Small Intestine | <input type="checkbox"/> Vulva | <input type="checkbox"/> Myelodysplastic Syndrome | |
| <input type="checkbox"/> Stomach | | | |

WORK SETTING (check all that apply)

☐ Academic Medical Center☐ Laboratory☐ Community Hospital☐ Private Practice☐ Government☐ Other: _____☐ Industry (Biotech or Pharmaceuticals)

I have read the registration privacy statement* (see below): ☐ Yes

Do you accept to be contacted by conference supporters and exhibitors?* ☐ Yes ☐ No

Do you agree to CAHON sharing your name, organization, its location, telephone and fax numbers, and your e-mail address to other New York Oncology Forum attendees, supporters and exhibitors?

☐ Yes ☐ No

Registration Privacy Statement

The Chinese American Hematologist and Oncologist Network (CAHON) is bound by, and committed to supporting the National Privacy Principles (NPPs) set out in the Privacy Amendment (Private Sector) Act 2000 and the General Data Protection Regulation (GDPR) EU Regulation 2016\679.

CAHON will collect and store the information you provide in this registration form for the purpose of enabling us to register you for attendance at the New York Oncology Forum, to assist with administrative and planning purposes for future planning and development of New York Oncology Forum and other events, to facilitate your requirements in relation to the New York Oncology Forum, and to allow the compilation and analysis of statistics relevant to CAHON.

The information you provide during the registration form and information provided at any other time during the New York Oncology Forum, including without limitation any a feedback obtained during the conference, will be used by CAHON to offer, provide, and continue to improve its conference, events, and other services. With your permission, CAHON may disclose some information that is collected in the registration form such as your name, organization, its location, telephone and fax numbers, and your e-mail address to other New York Oncology Forum attendees, supporters, and exhibitors for marketing purposes. CAHON will also use your email address for Network marketing purposes.

CAHON will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such a purpose is related to the experience and improvement of the New York Oncology Forum or where such purpose is permitted or required by law.

PAYMENT INFORMATION (if applicable)

☐ Check (made payable to CAHON)

Credit Card: ☐ AMEX ☐ Discover ☐ Master Card ☐ VISA

Name on Card: _____

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature: _____ Date: _____