

Cancer Biology Training Consortium

A 501(c)3 and 509(c)2 Corporation FEID 26-0497269

www.CABTRAC.org

2012 Membership Application

1. Print Name, Address & Contact Information

Institution Name

Department Name

Department Web Site Address

Representative #1

Full name and credentials

Title

Address

City, State

Zip Code

Phone

Fax

E-mail

Representative #2

Full name and credentials

Title

Phone

Fax

E-mail

How long has your Cancer Biology Program been established? _____

Is your Cancer Center NCI designated? _____

Number of Cancer Biology Faculty: _____ Number of Graduate Students: _____ Postdoctoral Fellows: _____

2. Submit Your Membership Dues

Institutional Membership January 1 through December 31, 2012..... \$500

3. Send application and check made out to Cancer Biology Training Consortium to:

Sheridan Wilder

Cancer Biology Training Consortium
c/o Comprehensive Cancer Center
of Wake Forest University

Medical Center Boulevard
Winston-Salem, NC 27157

336-716-6144 TEL
336-716-0293 FAX

admin@cancerbiologytraining.org
www.cancerbiologytraining.org