



## REGISTRATION FORM

### ACT 34<sup>th</sup> ANNUAL MEETING San Antonio, Texas November 3–6, 2013

Online registration is available at [www.actox.org](http://www.actox.org).

PLEASE PRINT OR TYPE

(Required: Please check the appropriate box)

☐ ACT Member ☐ Nonmember

First Name/Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Professional Degrees and Certification(s): \_\_\_\_\_

Badge Name Preference: \_\_\_\_\_

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Area Code/Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### REGISTRATION FEES

	Registration (Received by October 2)	Late Registration (October 3–November 6)	
ACT Member	\$500	\$600	\$ _____
Nonmember	\$750	\$850	\$ _____
Student	\$ 75	\$175	\$ _____
One-Day Member	\$350	\$450	\$ _____
One-Day Nonmember	\$450	\$550	\$ _____
One-Day Student	\$ 40	\$140	\$ _____
Exhibitor	\$ 0	\$ 0	\$ _____

Registration includes ACT Awards Luncheon

#### CONTINUING EDUCATION

Sunday, November 3; *Preregistration is required. Seating is limited.*

8:00 AM–11:30 AM (select one)

- ☐ Screening and Testing for Reproductive and Developmental Toxicity
- ☐ Relevance of Animal Tumors in Assessing Human Risk of Pharmaceuticals
- ☐ Writing for Regulatory Authorities

1:00 PM–4:30 PM (select one)

- ☐ Inclusion of Nonclinical Data in Drug Labels: Current and Upcoming Labeling Guidance, Practice, and Initiatives
- ☐ Biologics 201: Advanced Topics in Nonclinical Safety Assessment of Biotechnology-Derived Drug Products
- ☐ Inflammatory Biomarkers
- ☐ All Eyes Focused on Ocular Toxicology and Pathology

	Registration (Received by October 2)	Late Registration (October 3–November 6)	# of Courses (1 or 2)	
Member/Nonmember	\$250 /per course	\$350 /per course	_____	\$ _____
Student	\$125 /per course	\$175 /per course	_____	\$ _____

#### SPECIAL EVENTS

##### Welcome Reception

- ☐ Yes, I would like to attend—Sunday, November 3, 2013, 6:30 PM–8:00 PM.  
\$50 per person. Limited number of tickets are available.

\$ \_\_\_\_\_

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**REGISTRATION FORM ACT • 34th Annual Meeting • November 3–6, 2013 • San Antonio, Texas**

Name: \_\_\_\_\_

**SPECIAL SERVICES**

If you require special services, please describe on the line(s) below. For more information about special services, please call ACT Headquarters at 703.547.0875 or send an email to acthq@actox.org.

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**DIETARY NEEDS**

ACT recognizes individuals may have special dietary requirements. Although the College cannot guarantee that these needs will be met, the College wishes to try to accommodate these needs. Please indicate below if you have any special dietary needs.

☐ Gluten free    ☐ Vegetarian meals only

☐ Other \_\_\_\_\_
**ATTENDEE OPT OUT LIST OPTION**

ACT will publish an online Annual Meeting Attendee List, including physical and email addresses, for all meeting attendees. This will be password protected.

☐ Check here if you do not wish to be listed in the online password protected attendee list provided to all registrants
**MEMBERSHIP RENEWAL**
☐ Full Membership—\$125

☐ Associate Membership—\$125

☐ Student—\$0

☐ Full International—\$135

☐ Associate International—\$135

☐ Emeritus—\$0
**METHOD OF PAYMENT**

All registrations submitted by hard copy or fax will be processed online by ACT staff.

*Registration Fees* \$ \_\_\_\_\_

*Continuing Education* \$ \_\_\_\_\_

*Special Events* \$ \_\_\_\_\_

*Membership Renewal* \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

☐ Check or Money Order #: \_\_\_\_\_

☐ US Government Purchase Order #: \_\_\_\_\_ (US Government PO Form must be attached)

☐ American Express    ☐ MasterCard    ☐ VISA

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Printed Name: \_\_\_\_\_

**REFUND POLICY**

There is a \$75 processing fee will be charged for cancellation before September 3, 2013.  
50% refund if canceled September 3, 2013–October 2, 2013. No refunds beginning October 3, 2013.

**ACT Annual Meeting registrants grant ACT permission to reproduce, copy, and publish photographs taken at the Annual Meeting unless written notification by the registrant stating otherwise is submitted to the ACT Headquarters office prior to the Annual Meeting or while registering on-site.**

**All payments must be in US currency. No phone registrations will be accepted. Faxes for credit cards only: 703.438.3113  
Payment by check, send with Registration Forms to: ACT Headquarters • 1821 Michael Faraday Drive, Suite 300 • Reston, VA 20190**