



REGISTRATION FORM

ACT 36th ANNUAL MEETING Summerlin, Nevada November 8–11, 2015

Online registration is available at 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): _____

Company Name: _____

Department: _____

Street Address: _____

City: _____ Prov/State: _____ Zip: _____ Country: _____

Area Code/Telephone Number: _____ Fax Number: _____

Email Address: _____

Address where you would like your badge mailed if different from above: _____

REGISTRATION FEES

	Early Bird Registration (Received by October 7)	Late Registration (October 8–November 11)	
ACT Member	\$500	\$600	\$ _____
Nonmember	\$750	\$850	\$ _____
Student	\$ 75	\$175	\$ _____
One-Day ACT Member	\$350	\$450	\$ _____
One-Day Nonmember	\$450	\$550	\$ _____
One-Day Student	\$ 40	\$140	\$ _____
Exhibitor	\$ 0	\$ 0	\$ _____

Registration includes ACT Awards Luncheon and Monday evening Poster Reception.

CONTINUING EDUCATION: SUNDAY, NOVEMBER 8

Sunday, November 8; Preregistration is required. Seating is limited.

8:00 AM–11:30 AM (select one)

- CE 1: Beyond Study Directing, Understanding the Big Picture: Building and Executing a Toxicology Program in Drug Development
- CE 2: Fundamentals of Translational Neuroscience in Toxicologic Pathology: Optimizing the Value of Animal Data for Human Risk Assessment
- CE 3: Juvenile Toxicity Studies, Defining, and Overcoming the Challenges

1:00 PM–4:30 PM (select one)

- CE 4: How to Be a Toxicology Project Leader --Scientific and Logistical Considerations Required for Participating on Pharma Multidisciplinary Project Teams
- CE 5: What You Always Wanted to Know about Immunotoxicology in Pharmaceutical Development . . . but Were Afraid to Ask
- CE 6: The Safeguarding of Your Vital Organ Systems Depends on Safety Pharmacology: What Is It?
- CE 7: Selection and Use of Non-Rodent Species for Nonclinical Safety Assessment --Benefits, Pitfalls, and Caveats

	Registration (Received by October 7)	Late Registration (October 8–November 11)	# of Courses (1 or 2)	
CE ACT Member	\$225 /per course	\$325 /per course	_____	\$ _____
CE Nonmember	\$275 /per course	\$375 /per course	_____	\$ _____
CE Student	\$125 /per course	\$175 /per course	_____	\$ _____

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ACT REGISTRATION FORM • 36th Annual Meeting • November 8–11, 2015 • Summerlin, Nevada

Name: _____

SPECIAL EVENTS

Golf Outing	<input type="checkbox"/> Yes, I would like to attend—Saturday, November 7, 12:00 Noon–4:30 PM. \$100 for ACT Members. \$120 for Nonmembers.	\$ _____
Welcome Reception	<input type="checkbox"/> Yes, I would like to attend—Sunday, November 8, 6:30 PM–8:30 PM. \$50 per person. Limited number of tickets are available.	\$ _____
ToxTrot	<input type="checkbox"/> Yes, I would like to attend—Tuesday, November 10, 6:30 AM–7:30 AM. Free Event. Registration closes October 28.	\$ 0
Member Mixer	<input type="checkbox"/> Yes, I would like to attend—Wednesday, November 11, 5:00 PM–6:30 PM. Free Event. ACT Members-Only.	\$ 0

DIETARY NEEDS AND SPECIAL SERVICES

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. If you require special services, please describe on the line(s) below or contact ACT Headquarters with your request.

- Gluten free Vegetarian meals only
 Other (please specify) _____

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 FOR 2015 (late fees may apply)

- Full Membership—\$125 Associate Membership—\$125

METHOD OF PAYMENT

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

- Check or Money Order #: _____
 US Government Purchase Order #: _____
(US Government PO Form must be attached)
 American Express MasterCard VISA

Registration Fees \$ _____
 Continuing Education \$ _____
 Special Events \$ _____
 Membership Renewal \$ _____
TOTAL DUE \$ _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Cardholder's Printed Name: _____

Cardholder's Email: _____ Authorization Code: _____
(If Different from Registrant)

REFUND POLICY

A \$75 processing fee will be charged for cancellation before September 8, 2015.
 50% refund if canceled September 8, 2015–October 8, 2015. No refunds beginning October 8, 2015.

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
 Questions? Contact ACT • Tel: 703.547.0875 • Email: acthq@actox.org**