

REGISTRATION

THE AMERICAN COLLEGE OF TOXICOLOGY

NOVEMBER 1-4, 2009

Please type or print.

Name _____
First Last

Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

I require the following special accommodations for accessibility: _____

ANNUAL MEETING REGISTRATION FEES (please check) Includes ACT Keynote Luncheon, 11/02/09

___MEMBER.....\$400 ___NONMEMBER.....\$650 ___STUDENT.....\$50

LATE FEE IF REGISTRATION NOT RECEIVED BY OCTOBER 1, 2009 - \$100.00

ONE DAY FEES: PLEASE CIRCLE DAY - MONDAY - TUESDAY - WEDNESDAY

___MEMBER.....\$250 ___NONMEMBER.....\$350 ___STUDENT.....\$30

You will **NOT** be considered pre-registered unless your check (or charge) accompanies this form. Make check payable to: American College of Toxicology (U.S. funds only). Mail this form with check to: American College of Toxicology, 9650 Rockville Pike, Bethesda, MD 20814. (Tel: 301-634-7840 – FAX: 301-634-7852)

MASTERCARD/VISA/AMEX # _____ Expir.Date _____

Print Name Signature

REFUND POLICY

\$75 Processing Fee will be charged before 9/25/09 - 50% Refund if Canceled before 10/01/09

AFTER OCTOBER 1, 2009 NO FEES WILL BE REFUNDED