



SPEAKER REGISTRATION FORM

Online registration is not available to speakers.

All invited speakers/chairs will receive access for the day they are speaking/chairing. Speakers/chairs may extend to the full meeting at a discounted rate by completing this form. Full meeting registration includes all Symposia and Workshops, Plenary Sessions, the Welcome Reception, the Awards Ceremony, the Poster Viewing, and the Closing Social. Additional fees are required for Continuing Education courses.

PLEASE PRINT OR TYPE

(Required: Please check the appropriate box)

ACT Member Speaker Nonmember Speaker ACT Member Chair Nonmember Chair

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: _____

TO EXTEND TO THE FULL MEETING

	Virtual Registration	
ACT Member Speaker/Chair	\$385	\$ _____
Nonmember Speaker/Chair	\$550	\$ _____

CONTINUING EDUCATION

Preregistration is required.

CE course registrants may switch to a different course without paying an additional course registration fee until November 3. After November 3, switching courses will be regarded as a separate registration, and an additional course fee will be required.

Wednesday, November 10 (Select One)

Friday, November 12 (Select One)

CE1: Microbiome and Drug Development

CE2: Designing Nonclinical Study Programs for Ocular Therapeutics and Drugs with Off-Target Ocular Effects

CE3: Practical Perspectives on Successful Regulatory Authoring: How to Avoid Common Mistakes and Minimize Pharmaceutical Development Delays

CE4: The Pre- and Postnatal Development Study (PPND) in the Rodent Post-ICH S5(R3) Guideline Revision

CE5: Conventional and Nonconventional Drug-Drug Interactions

CE6: Antibody Drug Conjugates (ADCs) as Cancer Therapies

	Virtual Registration	# of Courses (1 or 2)	
CE ACT Member	\$250/per course	_____	\$ _____
CE Nonmember	\$300/per course	_____	\$ _____

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ACT SPEAKER REGISTRATION FORM • Virtual 42nd Annual Meeting • November 10–19, 2021

Name: _____

SPECIAL EVENT

Virtual ACT Welcome Reception (Wednesday, November 10, 4:30 PM–5:30 PM Eastern Standard Time): Free and open to all registered attendees. No ticket is required.

Please visit the ACT Annual Meeting website for a detailed program overview and more information about virtual special events.

ATTENDEE OPT-OUT LIST OPTION

ACT will publish an online Annual Meeting Attendee List for all meeting attendees. The list only includes name, title, company and if you are a member or nonmember. 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.

ACT MEMBERSHIP RENEWAL FOR 2021

Full Membership—\$150

Associate Membership—\$150

Postdoctoral Researcher/Transitional Membership—\$40

To become an ACT Member, please visit the ACT website: www.actox.org/membership/join.asp.

METHOD OF PAYMENT

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

Check or Money Order #: _____

Registration Fees \$ _____

US Government Purchase Order #: _____

Continuing Education \$ _____

(US Government PO Form must be attached)

Membership Renewal (2021 Only) \$ _____

American Express MasterCard VISA

TOTAL DUE \$ _____

Credit Card #: _____ Expiration Date: _____ Authorization Code: _____

Signature: _____

Cardholder's Printed Name: _____

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

REFUND POLICY

ACT will not offer refunds for the Virtual Annual Meeting. Health-related refunds will be considered on a case-by-case basis. These special cancellation requests should be submitted in writing to ACT Headquarters. A \$75 processing fee will be charged for cancellations.

ACT Annual Meeting registrants grant ACT permission to reproduce, copy, and publish photographs taken during the Annual Meeting unless written notification by the registrant stating otherwise is submitted to the ACT Headquarters office prior to the Annual Meeting.

**All payments must be in US currency. Payment by check, send with Registration Forms to:
ACT Headquarters • 11190 Sunrise Valley Drive, Suite 300 • Reston, VA 20191
Questions? Contact ACT • Tel: 703.547.0875 • Fax: 703.438.3113 • Email: acthq@actox.org**

By registering for this event, you are agreeing to the ACT Privacy Policy and the [Code of Conduct](#). You may view the [Privacy Policy](#) or opt in/out of email communications from ACT at any time.