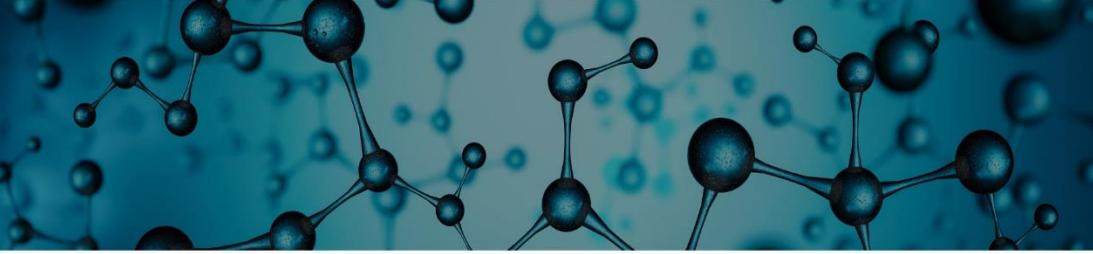


How to Register Another Individual

acthq@actox.org 703.547.0875 [Home](#)

 **ACT** American College of Toxicology



Login Required

The page you are attempting to access requires an ACT account.

Please enter your email address and password in the fields below. If your information is displayed below, then you already have an account. If this is your first time accessing the ACT site, please visit the New User Registration page to [create a new ACT account](#).

Email address:

Password:

Event Registration
American College of Toxicology 46th Annual Meeting

start date: 11/16/2025 end date: 11/19/2025

Registrant Information

Name: Full Test Account	organization: ACT HQ Testing
address: Business: 11190 Sunrise	phone: Please select
email: full@test.com	url: Please select
comm method: Please select	

Badge Information

name: <input type="text"/>	org name: ACT HQ Testing
title: <input type="text"/>	city: Reston, Virginia
country: UNITED STATES	reg type: ACT Member
source code: Please select	

Event Fees

<u>Product</u>	<u>Price</u>	<u>Member Type</u>	<u>Category</u>
<input type="checkbox"/> ACT Member Early-Bird	650.00	Full Member	

1. Log in to the [registration portal](#) using the other individual's account credentials. **Failure to use the correct login will result in a processing fee.**
2. From the **Reg Type** dropdown, select the appropriate option based on the individual's membership status.

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<p>Event Fees</p> <table border="1"> <thead> <tr> <th><u>Product</u></th> <th><u>Price</u></th> <th><u>Member Type</u></th> <th><u>Category</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> ACT Member Early-Bird</td> <td>600.00</td> <td>Full Member</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Product</u></th> <th><u>Price</u></th> <th><u>Member Type</u></th> <th><u>Capacity</u></th> <th><u>Available</u></th> <th><u>Starts</u></th> <th><u>Ends</u></th> <th><u>Comments</u></th> </tr> </thead> <tbody> <tr> <td>ATTENDEE LIST OPT OUT: (Check here if you do not wish to be listed in the online password protected attendee list provided</td> <td>0.00</td> <td>[Any]</td> <td></td> <td>available</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Special Requirements or Dietary Needs</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<u>Product</u>	<u>Price</u>	<u>Member Type</u>	<u>Category</u>	<input checked="" type="checkbox"/> ACT Member Early-Bird	600.00	Full Member		<u>Product</u>	<u>Price</u>	<u>Member Type</u>	<u>Capacity</u>	<u>Available</u>	<u>Starts</u>	<u>Ends</u>	<u>Comments</u>	ATTENDEE LIST OPT OUT: (Check here if you do not wish to be listed in the online password protected attendee list provided	0.00	[Any]		available				<p>3. Select the correct Event Fee. Fees are based on member status at time of registration.</p> <p>4. Select any Special Events here (ToxTrot, Member Mixer, etc.)</p> <p>If needed, enter any Special Requirements or Dietary Needs in this section. There is no guarantee that requests can be honored.</p>
<u>Product</u>	<u>Price</u>	<u>Member Type</u>	<u>Category</u>																						
<input checked="" type="checkbox"/> ACT Member Early-Bird	600.00	Full Member																							
<u>Product</u>	<u>Price</u>	<u>Member Type</u>	<u>Capacity</u>	<u>Available</u>	<u>Starts</u>	<u>Ends</u>	<u>Comments</u>																		
ATTENDEE LIST OPT OUT: (Check here if you do not wish to be listed in the online password protected attendee list provided	0.00	[Any]		available																					
<p>Recalculate total 600.00</p> <div style="text-align: right; margin-top: 20px;"> <input style="border: 1px solid black; padding: 5px;" type="button" value="Continue"/> </div>	<p>5. Ensure the total looks accurate, then click Continue.</p>																								
<p>Shopping Cart Items</p> <table border="1"> <thead> <tr> <th>add'l info:</th> <th>item</th> <th>quantity</th> <th>price</th> <th>discount</th> <th>tax</th> <th>shipping</th> <th>net total</th> <th>balance</th> </tr> </thead> <tbody> <tr> <td>Test Account Full</td> <td>ACT Member</td> <td>1.00</td> <td>\$600.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$600.00</td> <td>\$600.00</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> <small>total: 600.00 balance: 600.00</small> </div> <div style="text-align: right; margin-top: 20px;"> <input style="border: 1px solid black; padding: 5px;" type="button" value="Check-Out"/> </div>	add'l info:	item	quantity	price	discount	tax	shipping	net total	balance	Test Account Full	ACT Member	1.00	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00	\$600.00	<p>6. Ensure all event fees, including those for special events, are listed. Then, click Check Out.</p>						
add'l info:	item	quantity	price	discount	tax	shipping	net total	balance																	
Test Account Full	ACT Member	1.00	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00	\$600.00																	

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Customer Information

customer name: **Test Account Full**
phone: **Please select**
fax: **Please select**
email: **full@test.com**

Billing Information

bill to: **Test Account Full**
billing contact: **Test Account Full**
Business: **11190 Sunrise Valley**

Full Test Account
ACT HQ Testing
11190 Sunrise Valley Drive
Suite 300
Reston, VA 20191

Payment Information

payment amount: **600.00**
payment method: **Visa** 
cardholder's name:
credit card number:
expiration date: **Please select**
CVV: [what is the CVV?](#)
street address: **11190 Sunrise Valley Drive**
city/state/zipcode: **Reston** **VA** **20191**
email: **full@test.com**

- Choose your payment method and enter all the required information.

item	quantity	price	discount	tax	shipping	net total	unpaid balance	due:
<u>Staff</u>	1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Billing/Shipping Information

customer name: **Iftikhar Fatima**
phone: **(703) 547-0875 (1890)**
email: **fiftikhar@actox.org**
shipping label: **Fatima Iftikhar**
Project Coordinator
American College of
Toxicology
11190 Sunrise Valley
Drive
Suite 300
Reston, VA 20191

billing name: **Iftikhar Fatima**
contact: **Iftikhar Fatima**
billing label: **Fatima Iftikhar**
Project Coordinator
American College of
Toxicology
11190 Sunrise Valley Drive
Suite 300
Reston, VA 20191

Payment Information

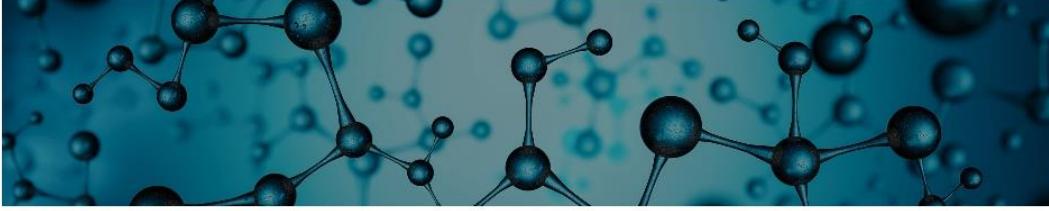
net credit: **0.00**
payment amount: **0.00**
payment method: **Visa**
net-total: **0.00**
net applied: **0.00**
net-balance: **0.00**

send confirmation by email?

Edit Payment **Submit Order** 

- Verify that all information was correctly entered. Then click **Submit Order** to complete the process.

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ACT American College of Toxicology

Your Confirmation Number is 642002
You may [Print](#) this page for your records.

You will be directed to a confirmation page verifying that the registration was successfully completed. Additionally, a confirmation email with the registration receipt and event details will be sent to the registrant's email address.

If you need a copy of the receipt, please contact the individual directly.

For any questions or additional assistance, please email [ACT Headquarters](#).