



SPEAKER REGISTRATION FORM

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

*Badges can be picked up on-site and will not be mailed.
A processing fee is applied to manually processed forms.*

	Early-Bird (Until Sept. 17)	Regular (Sep. 18–Nov. 4)	Late (Begins Nov. 5)	
ACT Member Speaker/Chair	\$485	\$595	\$715	\$_____
Nonmember Speaker/Chair	\$675	\$785	\$895	\$_____

CONTINUING EDUCATION: SUNDAY, NOVEMBER 15

Preregistration is required. Seating is limited. CE course registrants may switch to a different course without paying an additional course registration fee until November 4. After November 4, switching courses will be regarded as a separate registration, and an additional course fee will be required.

	Early-Bird (Until Sept. 17)	Regular (Sep. 18–Nov. 4)	Late (Begins Nov. 5)	# of Courses (1 or 2)	
CE ACT Member	\$250/per course	\$350/per course	\$460/per course	___	\$_____
CE Nonmember	\$300/per course	\$400/per course	\$510/per course	___	\$_____

8:00 AM–11:30 AM (Select One)

1:00 PM–4:30 PM (Select One)

CE1: First-in-Human Dose Selection: Translational Strategies and Special Considerations across Modalities and Organ Systems

CE5: Beyond Animal Models: Navigating New Approach Methodologies in Modern Drug Development with Case Study Examples

CE2: From Predictive Models to Collaborative Intelligence: The Role of Agentic AI in the Future of Toxicology

CE6: Immunotherapies and Collaborative Approaches to Immunosafety Assessment

CE3: The ABCs of EFDs: A Modern Guide to Embryofetal Development Testing

CE7: Navigating Genetic Toxicology through Drug Development: Interface of Practice, Strategy, and Regulatory Principles

CE4: Working with Global Regulators for Streamlined Nonclinical Development

CE8: Quantitative Structure–Activity Relationship Demystified: Foundations, Best Practices, Regulatory Use, and Practical Applications

ACT REGISTRATION FORM • 47th ANNUAL MEETING • NOVEMBER 15–18, 2026 • SAN ANTONIO, TEXAS

Name: _____

SPECIAL EVENTS

Welcome Social Sip and Schmooze Social—Sunday, November 15 Complimentary

11th Toxtrot
*Subject to change or cancellation Yes, I would like to attend—Tuesday, November 17  Complimentary

Member Mixer
(ACT Members Only) Yes, I would like to attend—Tuesday, November 17  Complimentary

DIETARY AND SPECIAL SERVICES ACCOMMODATIONS

Accessibility needs, dietary needs, and allergies must be indicated during registration to arrange for accurate services and preparation. The College will try to accommodate these requests. There is no guarantee that requests can be honored. Please be specific:

ATTENDEE OPT-OUT LIST OPTION

ACT will publish an online Annual Meeting Attendee List which will include name, title, company, and if you are a member or nonmember. This list will only be accessible to meeting attendees and will be password protected.

Check here if you do not wish to be listed in the online password-protected Attendee List.

ACT MEMBERSHIP RENEWAL FOR 2026 (LATE FEES MAY APPLY)

Full Membership—\$165 Associate Membership—\$165 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 \$ _____
US Government Purchase Order #: _____ Continuing Education \$ _____
(US Government PO Form must be attached) Membership Renewal (2026 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 AND SUBSTITUTION POLICY

\$100 processing fee will be charged for cancellation received before August 31, 2026. 50% refund if canceled September 1–October 1, 2026.
No substitutions or refunds after October 1, 2026.

Registration Substitution Fees: A \$100 substitution fee will apply starting September 1, 2026. Credit card details will be required to complete a substitution. The final day for substitutions is October 1, 2026.

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