

July 29–August 2, 2024

Hyatt Regency Dulles, 2300 Dulles Corner Blvd. Herndon, Virginia, 20171

Course Registration Form

Please print or type: ACT Member ACT Student/Postdoc Member Nonmember Government (Please check the appropriate box.)

Name: _____ Degree(s): _____ Is this a new employer?
Yes No

Organization: _____

Department: _____

Street Address: _____ Is this a new address?
Yes No

City/State/Zip/Country: _____

Telephone Number: _____ Email Address: _____

I require special accommodations for accessibility or dietary restrictions: _____

REGISTRATION FEES

	Early-Bird Registration (Received by May 28)	Regular Registration (Begins May 29)	
ACT Member	\$1,500	\$1,600	\$ _____
ACT Student or Postdoctoral Researcher/Transitional Member	\$ 995	\$1,095	\$ _____
Nonmember	\$1,800	\$1,900	\$ _____
Government	\$1,500	\$1,600	\$ _____
ACT Member Group Rate* (Three or More from the Same Company)	\$1,350	\$1,450	\$ _____
ACT Member Group Rate* (Ten or More from the Same Company)	\$1,250	\$1,350	\$ _____
Nonmember Group Rate* (Three or More from the Same Company)	\$1,650	\$1,750	\$ _____
Nonmember Group Rate* (Ten or More from the Same Company)	\$1,550	\$1,650	\$ _____

*To take advantage of the group rate please send your completed registration forms to acthq@actox.org. All three forms (or more) should be emailed at the same time.

METHOD OF PAYMENT

Please make all checks payable to the American College of Toxicology in US currency.

Check or Money Order #: _____ Government Purchase Order #: _____
(Government PO Form must be attached.)

AMEX Discover MasterCard Visa Credit Card #: _____

Cardholder's Printed Name: _____ Expiration Date: _____ Authorization Code: _____

Signature: _____

If cardholder is different from registrant, please include cardholder's email: _____

REFUND POLICY

\$100 Processing Fee will be charged before 5/28/24; 50% refund if canceled before 6/25/24; After 6/25/24, no fees will be refunded.

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

**All payments must be in US currency. Payment by check, send with registration form 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. You may view the [Privacy Policy](#), [Code of Conduct](#), or opt in/out of email communications from ACT at any time. Disclose dietary restrictions, allergies, and/or accessibility needs on this form or email ACT Headquarters. ACT will do its best to accommodate but cannot guarantee requests will be granted.

ACT Headquarters Email: acthq@actox.org