

**April 8–12, 2024**

Location: 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): \_\_\_\_\_

Organization: \_\_\_\_\_

Is this a new employer?  
Yes    No

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Is this a new address?  
Yes    No

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I require special accommodations for accessibility or dietary restrictions: \_\_\_\_\_

### REGISTRATION FEES

ACT will not require proof of vaccination; however, local mandates may change. Please check the [Virginia Department of Health](#) and [CDC](#) for updates.

**Early-Bird Registration**  
(Received by January 11)

**Regular Registration**  
(Received January 12- April 8)

	Early-Bird Registration (Received by January 11)	Regular Registration (Received January 12- April 8)	
<b>ACT Member</b>	\$1,500	\$1,600	\$ _____
<b>ACT Student or Postdoctoral Researcher/Transitional Member</b>	\$ 995	\$1,095	\$ _____
<b>Nonmember</b>	\$1,800	\$1,900	\$ _____
<b>Government</b>	\$1,500	\$1,600	\$ _____
<b>ACT Member Group Rate*</b> (Three or More from the Same Company)	\$1,350	\$1,450	\$ _____
<b>ACT Member Group Rate*</b> (Ten or More from the Same Company)	\$1,250	\$1,350	\$ _____
<b>Nonmember Group Rate*</b> (Three or More from the Same Company)	\$1,650	\$1,750	\$ _____
<b>Nonmember Group Rate*</b> (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](mailto: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 January 11, 2024. 50% refund if canceled before February 8, 2024; After February 8, 2024, 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](mailto: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.

**ACT Headquarters Email: [acthq@actox.org](mailto:acthq@actox.org)**