



# ACT

American College  
of Toxicology



Society for  
Birth Defects  
Research & Prevention

## Virtual Course Registration Form

# Practical Reproductive and Developmental Toxicology

Please print or type: ACT/BDRP Member    ACT/BDRP 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: \_\_\_\_\_

### Virtual Registration Fees:

ACT/BDRP Member	\$1,295	\$ _____
ACT/BDRP Student or Postdoctoral Researcher/Transitional Member	\$ 995	\$ _____
Nonmember	\$1,595	\$ _____
Government	\$1,295	\$ _____
ACT/BDRP Member Group Rate* (Three or More from the Same Company)	\$1,145	\$ _____
ACT/BDRP Member Group Rate* (Ten or More from the Same Company)	\$1,045	\$ _____
Nonmember Group Rate* (Three or More from the Same Company)	\$1,445	\$ _____
Nonmember Group Rate* (Ten or More from the Same Company)	\$1,345	\$ _____

\*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 or credit charges payable to the American College of Toxicology in US currency.

Government Purchase Order #: \_\_\_\_\_ Check or Money Order #: \_\_\_\_\_  
(Government P.O. 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:

**ACT will not offer refunds for virtual courses.** 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.

#### Mail completed form with payment to:

**American College of Toxicology, PRDT Course Registration**  
11190 Sunrise Valley Drive, Suite 300, Reston, VA 20191-4375  
Fax (Credit Card Payments ONLY): 703.438.3113

Government purchase orders may not be faxed; they must be mailed with the Registration Form.

By registering for this event, you are agreeing to the [ACT Privacy Policy](#) and the [BDRP Privacy Policy](#).  
You may view the [ACT 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)**