NON-MEMBER SPEAKER HOUSING FORM

Due January 5, 2007

46th Society of Toxicology Annual Meeting
Charlotte, North Carolina

ROOM DETAILS

Type of Room Single (1 bed/1person) _____ Double (1 bed/2 people) _____ Dbl/Dbl (2 beds/2 people)

Smoking _____ Non-Smoking _____

Indicate Special Requirements Wheelchair Accessible _____ Other _____

Authorized and funded Non-Member speakers receive complimentary lodging for up to two nights. If you wish to stay beyond the two nights covered by SOT, a credit card is required to secure your reservation.

If you are bringing a guest or extending your stay, additional charges should be guaranteed to:

Visa _____ Discover _____ Diner's Club _____ Master Card _____ American Express _____

Credit Card # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

List ALL names, including your own, and that of any one who is sharing your room, with arrival & departure date for each individual.

	Name	Arrival Date	Departure Date
1.			
2.			

CONFIRMATION SHOULD BE SENT TO:

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

TRAVEL (please select one)

____ I am using Navigant International for my flight arrangements (Directly billed to SOT)

____ I am making my own flight arrangements and will request reimbursement at the lowest available coach fare.

You will receive a housing confirmation from the Society of Toxicology by early February 2006. Confirmations will be sent via e-mail or fax depending on the information you provide.

RETURN COMPLETED FORM TO DEEPA BY JANUARY 5, 2007

E-mail deepa@toxicology.org

Fax 703-438-3113

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