



Registration Form (Part 1)

SOT 50th Annual Meeting

March 6-10, 2011

R2011

FOR OFFICE USE ONLY

Date Received: _____

Input: Initials: _____

(Required: Please check the appropriate box)

PLEASE PRINT CLEARLY OR TYPE

SOT Member Non-Member Badge Name: _____

First Name/Middle Initial: _____

Last Name: _____ Professional Degree(s): _____

Organization Name: _____

(Is this a new employer and/or new address? Yes No)

Company (second line): _____

Department: _____

Street Address: _____

City/Region: _____ State/Prov: _____ Postal Code: _____ Country: _____

Area Code/Phone Number: _____ Fax Number: _____

E-mail Address: _____

Special Accessibility Requirements: _____

If you are a Student or Postdoc registrant, please provide the following information:

Postdoc Graduate Student Undergraduate Student (Fax Student ID)

Institution: _____ Advisor's Name: _____

Advisor's Phone Number: _____ Advisor's E-mail: _____

REGISTRATION FEES:

	Early Bird Registration (Received by Jan. 21)	Standard Registration (Jan. 22 to Feb. 11)	Final Registration (After Feb. 11*)	
SOT Member	\$295	\$345	\$395	\$ _____
Non-Member**	\$590	\$640	\$690	\$ _____
SOT Retired/Emeritus Member	\$ 65	\$105	\$145	\$ _____
Postdoctoral SOT Member	\$ 80	\$120	\$160	\$ _____
Postdoctoral Non-Member**	\$160	\$200	\$240	\$ _____
Graduate Student Member	\$ 60	\$100	\$140	\$ _____
Graduate Student Non-Member**	\$120	\$160	\$200	\$ _____
Undergraduate Student	\$ 0	\$ 0	\$ 0	\$ _____
SOT Affiliate	\$ 0	\$ 0	\$ 0	\$ _____
Press	\$ 0	\$ 0	\$ 0	\$ _____
Guest/Spouse (Non-Scientist)	\$ 70	\$ 85	\$100	\$ _____

Guest/Spouse Name: _____

METHOD OF PAYMENT:

All registrations submitted by hard copy or fax will be processed on-line by SOT staff.

Check or Money Order # _____

Government Purchase Order # _____

(U.S. GOVERNMENT P.O. FORM MUST BE ATTACHED)

American Express Diner's Club Discover MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

Registration Fee(s) (from part 1) \$ _____

Continuing Education Courses (from part 2) \$ _____

50th Anniversary Event (from part 2) \$ _____

Student and Postdoc Functions (from part 2) \$ _____

Optional Abstract Material (from part 2) \$ _____

TOTAL DUE \$ _____

*After February 11, Final Registration rates apply. SOT will accept faxed Registration Forms until March 1. On-line registration will be open until March 10. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2011 Annual Meeting attendees: apply for membership by May 1, 2011, and if accepted, SOT will waive your 2011 dues.

RETURN THIS TWO-PAGE FORM WITH PAYMENT TO:
 Society of Toxicology • P.O. Box 91895 • Washington, D.C. 20090-1895
 Faxed forms are accepted only if using a credit card. Fax form to: 703.438.3113.
U.S. GOVERNMENT PURCHASE ORDERS MAY BE FAXED OR MAILED WITH THE REGISTRATION FORM.
 Express packages may be mailed to:
 SOT Headquarters Registration Dept., 1821 Michael Faraday Drive, Suite 300, Reston, VA 20190-5332
 Questions? Contact SOT • Tel: 703.438.3115 • E-mail: sothq@toxicology.org



Registration Form

50th SOT Annual Meeting

(Part 2 continued from page 1)

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CONTINUING EDUCATION COURSES:

Yes, I would like to attend the following CE courses. (Only meeting registrants may enroll in a CE course.) AM # _____ PM # _____

	Early Bird Registration (Received by Jan. 21)	Standard Registration (Jan. 22 to Feb. 11)	Final Registration (After Feb. 11)	# of Courses	
SOT Member/Affiliate	\$150 each	\$175 each	\$200 each	x _____	\$ _____
SOT Retired/Emeritus Member	\$110 each	\$135 each	\$160 each	x _____	\$ _____
Non-Member	\$300 each	\$325 each	\$350 each	x _____	\$ _____
Postdoctoral (SOT Member/Non-Member)	\$ 90 each	\$115 each	\$140 each	x _____	\$ _____
Graduate or Undergraduate Student (SOT Member/Non-Member)	\$ 45 each	\$ 70 each	\$ 95 each	x _____	\$ _____
Press	\$ 0 each	\$ 0 each	\$ 0 each	x _____	\$ _____

Yes, I would like to attend the Sunrise Continuing Education Mini-Course (includes continental breakfast)

SOT Member/Affiliate	\$ 55 each	\$ 80 each	\$105 each		\$ _____
SOT Retired/Emeritus Member	\$ 55 each	\$ 80 each	\$105 each		\$ _____
Non-Member	\$ 75 each	\$100 each	\$125 each		\$ _____
Postdoctoral (SOT Member/Non-Member)	\$ 55 each	\$ 80 each	\$105 each		\$ _____
Graduate or Undergraduate Student (SOT Member/Non-Member)	\$ 25 each	\$ 50 each	\$ 75 each		\$ _____
Press	\$ 0 each	\$ 0 each	\$ 0 each		\$ _____

50th ANNIVERSARY CELEBRATION EVENT:

Yes, I would like to attend the 50th Anniversary Celebration Event on Tuesday, March 8.

Attendees (Member/Non-Member)	\$100 each	\$125 each	\$150 each	x _____	\$ _____
Students and Postdocs (Limited tickets—250)	\$50 each	\$50 each	\$50 each	x _____	\$ _____

STUDENT AND POSTDOCTORAL FUNCTIONS:

- Yes, I am an undergraduate student and would like to attend the Sunday Undergraduate Education Program. (Limited seating) \$ Complimentary
- Yes, I am a student or postdoc registrant and would like to attend the complimentary Student/Postdoctoral Reception. \$ Complimentary
- Yes, I am a student or postdoc registrant and would like to attend the *In Vitro* Lecture and Luncheon. (A \$5 deposit is required and will be exchanged for the ticket at the luncheon. Limited seating.) \$ _____
- Yes, I am a postdoc registrant and would like to attend the Postdoc Luncheon on Tuesday. (Limited seating) \$ Complimentary

OPTIONAL ABSTRACT MATERIAL:

2011 registrants will receive the abstracts, *The Toxicologist* on CD-ROM, as part of the Annual Meeting registration fee. A printed version of *The Toxicologist* will be available for purchase at \$20 per copy (available while supplies last).

Yes, I want to purchase the printed version of *The Toxicologist*. \$20 each x _____ \$ _____

REGISTRANT—CIRCLE ALL THAT APPLY: (YOU MUST MAKE ONE SELECTION/CATEGORY)

A. Type of Organization:	14. Quality Assurance	28. Mechanisms	a. Analytical	g. Lab Animal
1. Academia	15. Regulatory	29. Metals	b. Aquatic Tox.	h. Neurotoxicology
2. Government	16. R&D-Admin.	30. Molecular Biology	c. Clinical Tox.	i. Pathology
3. Military	17. R&D-Operations	31. Mutagenicity	d. Computer	44. Other _____
4. Private Industry	18. R&D-Technical	32. Neurotoxicology	e. <i>In Vitro</i> Tox.	E. Purchasing
5. Other _____	19. Teaching	33. Pathology	f. Pathology	Responsibilities:
B. Job Function:	20. Other _____	34. Pharmacokinetics	g. Preclinical Tox.	45. a. I make purchasing
6. Analytical	C. Field of Work:	35. Pharmacology	h. Quality Assurance	decisions
7. Financial/Purch.	21. Biotechnology	36. Occup. Health	i. Wildlife Tox.	b. I influence _____
8. Health and Safety	22. Carcinogenesis	37. Risk Assessment	43. Supplies/Equipment	purchasing
9. Computer/Statistics	23. Epidemiology	38. Repro. & Dev. Tox.	a. Analytical	decisions
10. Mgmt-Corporate	24. Immunotoxicology	39. General Tox.	b. Clinical Chem.	c. I do not participate
11. Mgmt-Facilities	25. Infusion Tox.	40. Other _____	c. Hardware	in purchasing
12. Mgmt-Personnel	26. Inhalation Tox.	D. Product Interest:	d. Software	decisions
13. Marketing/Sales	27. Genetic Tox.	41. Publications	e. <i>In Vitro</i>	
		42. Contract Services:	f. <i>In Vivo</i>	

SOT Annual Meeting registrants grant SOT permission to reproduce, copy, and publish image, voice, and any or all media taken at the Annual Meeting unless written notification by the registrant, stating otherwise, is submitted to SOT Headquarters prior to the Annual Meeting or while registering on-site.

There will be no refunds for cancellations received at SOT Headquarters after February 11, 2011.

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