



Registration Form

Part 1

45th SOT Annual Meeting

R2006

FOR OFFICE USE ONLY

Date Received: _____

Input: Initials: _____

(Required: Please check the appropriate box)

March 5–9, 2006

PLEASE PRINT OR TYPE (Black ink only)

SOT Member/ID # _____ Non-Member Badge Name: _____

First Name/Middle Initial: _____

Last Name: _____ Professional Degree(s): _____

Company Name: _____

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

Company (second line): _____

Department: _____

Street Address: _____

City: _____ Prov/State: _____ Zip: _____ Country: _____

Area Code/Phone Number: _____ Fax Number: _____

E-mail Address: _____

If you are a student or post-doc registrant, please provide the following information:

Post-Doc Graduate Student Undergraduate Student

Institution: _____ Advisor's Name: _____

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

Special Accessibility Requirements: _____

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

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

REGISTRATION FEES:

	Early Bird Registration (Received by Jan. 9)	Standard Registration (Jan. 10 to Feb. 7)	Final Registration (After Feb. 7*)	
SOT Member	\$250	\$300	\$350	\$ _____
Non-Member**	\$500	\$550	\$600	\$ _____
SOT Retired Member	\$ 65	\$105	\$145	\$ _____
Post-Doctoral SOT Member	\$ 80	\$120	\$160	\$ _____
Post-Doctoral Non-Member**	\$160	\$200	\$240	\$ _____
Graduate Student Member	\$ 60	\$100	\$140	\$ _____
Graduate Student Non-Member**	\$120	\$160	\$200	\$ _____
Student Undergraduate	\$ 60	\$100	\$140	\$ _____
SOT Affiliate	\$ 0	\$ 0	\$ 0	\$ _____
Press	\$ 0	\$ 0	\$ 0	\$ _____
Guest (Non-Scientist)	\$ 70	\$ 85	\$100	\$ _____

Guest Name: _____

Please note that the fee you will be charged will be charged is based on your SOT membership status at the time you register.

*After February 7, Final Registration rates apply. No substitutions after January 9, 2006. SOT will accept faxed Registration Forms until March 2. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2006 Annual Meeting attendees: apply between January 2, 2006 and May 1, 2006 deadline, and if accepted for membership, SOT will waive your 2006 dues.

RETURN THIS TWO-PAGE FORM WITH PAYMENT TO:
 Society of Toxicology • P.O. Box 91895 • Washington, DC 20090-1895
 Faxed forms are accepted only if using a credit card to Fax: (703) 438-3113.
US GOVERNMENT PURCHASE ORDERS MAY BE FAXED OR MAILED WITH THE REGISTRATION FORM.
 Express packages may only 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

Part 2 (continued from previous page)

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CONTINUING EDUCATION COURSES:

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

	Early Bird Registration (Received by Jan. 9)	Standard Registration (Jan. 10 to Feb. 7)	Final Registration (After Feb. 7*)	# of Courses	
SOT Member /Corp Affiliate	\$100 each	\$125 each	\$150 each	x _____	\$ _____
Retired Member	\$ 95 each	\$120 each	\$145 each	x _____	\$ _____
Non-Member	\$200 each	\$225 each	\$250 each	x _____	\$ _____
Post-Doctoral (SOT Member/Non-Member)	\$ 75 each	\$100 each	\$125 each	x _____	\$ _____
Graduate or Undergraduate Student	\$ 30 each	\$ 55 each	\$ 80 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/Retired Member/Corporate Affiliate or Post-Doctoral: \$45; Non-Member: \$65;
 Graduate or Undergraduate Student: \$15; Press: \$0. Add \$25 after each deadline noted above. \$ _____

STUDENT FUNCTIONS:

Students—Plan to attend these Student 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 post-doc and would like to attend the complimentary Student/Post-Doctoral Reception. \$ Complimentary

Yes, I am a student or post-doc 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.*) \$ _____

OPTIONAL ABSTRACT MATERIAL:

As was done in 2005, 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 _____ \$ _____

METHOD OF PAYMENT:

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

TOTAL DUE \$ _____

Check or Money Order # _____

Government Purchase Order # _____ (US GOVERNMENT P.O. FORM MUST BE ATTACHED)

American Express Diner's Club MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

SOT Annual Meeting registrants grant SOT permission to reproduce, copy, and publish photographs 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.

Cancellations received at SOT Headquarters before March 1, 2006 will be processed less a \$50 processing fee.

SOT will accept on-line Registration and faxed Registration Forms until March 2. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.