



Developing Countries Registration Form (Part 1)

R2012

SOT 51st Annual Meeting

March 11-15, 2012

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 or mail a copy of Student ID with the form)

Institution: _____ Advisor's Name: _____

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

REGISTRATION FEES:

	Early Bird Registration (Received by Jan. 27)	Standard Registration (Jan. 28 to Feb. 17)	Final Registration (After Feb. 17*)	
Scientist	\$150	\$330	\$360	\$ _____
Postdoctoral	\$ 85	\$110	\$135	\$ _____
Graduate Student	\$ 65	\$ 90	\$115	\$ _____
Undergraduate Student	\$ 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) \$ _____

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

Optional Abstract Material (from part 2) \$ _____

TOTAL DUE \$ _____

*After February 17, Final Registration rates apply. SOT will accept faxed Registration Forms until March 7. On-line registration will be open until March 15. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2012 Annual Meeting attendees: apply for membership by May 1, 2012, and if accepted, SOT will waive your 2012 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



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(Part 2 continued from page 1)

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. 27)	Standard Registration (Jan. 28 to Feb. 17)	Final Registration (After Feb. 17)	# of Courses	
Scientist	\$150 each	\$167.50 each	\$185 each	x _____	\$ _____
Postdoctoral	\$45 each	\$62.50 each	\$80 each	x _____	\$ _____
Graduate or Undergraduate Student	\$22.50 each	\$40 each	\$57.50 each	x _____	\$ _____

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

Scientist	\$37.5 each	\$55 each	\$72.50 each	\$ _____
Postdoctoral	\$27.50 each	\$45 each	\$62.50 each	\$ _____
Graduate or Undergraduate Student	\$12.50 each	\$30 each	\$47.50 each	\$ _____

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 Mixer. (Ticket required) \$ Complimentary
- Yes, I am a student or postdoc registrant and would like to attend the *In Vitro* Lecture and Luncheon. (A \$10 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) \$5 Non-Refundable

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: | 18. R&D-Technical | 34. Infusion Tox. | 53. Repro. and Develop. Tox. | 59. Supplies/Equipment |
| 1. Academia | 19. Teaching | 35. Inhalation Tox. | 54. Stem Cells | a. Analytical |
| 2. Government | 20. Other _____ | 36. <i>In Vitro</i> and Alt. Methods | 55. General Tox. | b. Clinical Chem. |
| 3. Military | C. Field of Work: | 37. Mechanisms | 56. Other _____ | c. Hardware |
| 4. Private Industry | 21. Biological Modeling | 38. Medical Devices | D. Product Interest: | d. Software |
| 5. Other _____ | 22. Biotechnology | 39. Metals | 57. Publications | e. <i>In Vitro</i> |
| B. Job Function: | 23. Carcinogenesis | 40. Methods | 58. Contract Services: | f. <i>In Vivo</i> |
| 6. Analytical | 24. Cardiovascular | 41. Mixtures | a. Analytical | g. Lab Animal |
| 7. Financial/Purch. | 25. Clinical & Transl. Tox. | 42. Molecular Biology | b. Aquatic Tox. | h. Pathology |
| 8. Health and Safety | 26. Comparative and Vet. | 43. Mutagenicity | c. Clinical Tox. | i. Radioactive Isotope |
| 9. Computer/Statistics | 27. Dermal Tox. | 44. Nanotoxicology | d. Computer | 60. Other _____ |
| 10. Mgmt-Corporate | 28. Drug Discovery Tox. | 45. Neurotoxicology | e. <i>In Vitro</i> Tox. | E. Purchasing Responsibilities: |
| 11. Mgmt-Facilities | 29. Epidemiology | 46. Pathology | f. Metabolic Profile | 61. a. I make purchasing |
| 12. Mgmt-Personnel | 30. Ethical, Legal, and | 47. Pharmacokinetics | g. Pathology | decisions |
| 13. Marketing/Sales | Social Issues | 48. Pharmacology | h. Preclinical Tox. | b. I influence purchasing |
| 14. Quality Assurance | 31. Food Safety | 49. Occup. and Public Health | i. Quality Assurance | decisions |
| 15. Regulatory | 32. Genetic Tox. | 50. Ocular Tox. | j. Wildlife Tox. | c. I do not participate |
| 16. R&D-Admin. | 33. Immunotoxicology | 51. Risk Assessment | | in purchasing decisions |
| 17. R&D-Operations | | 52. Reg. and Safety Eval. | | |

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 17, 2012.

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