



Guest Registration Form

49th SOT Annual Meeting

March 7-11, 2010
Fax: (703) 438-3113

R2010

FOR OFFICE USE ONLY

Date Received: _____

Input: Initials: _____

PLEASE PRINT CLEARLY OR TYPE

Participants Name: _____

Guest First Name/Middle Initial: _____

Last Name: _____

Street Address: _____

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

Area Code/Phone Number: _____ Fax Number: _____

E-mail Address: _____

Special Accessibility Requirements: _____

ADDITIONAL GUEST:

Guest First Name/Middle Initial: _____

Last Name: _____

Street Address: _____

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

Area Code/Phone Number: _____ Fax Number: _____

E-mail Address: _____

Special Accessibility Requirements: _____

REGISTRATION FEES:

	Early Bird Registration (Received by Jan. 22)	Standard Registration (Jan. 23 to Feb. 12)	Final Registration (After Feb. 12*)		
Guest (Non-Scientist)	\$70	\$85	\$100	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 # _____ American Express Discover Diner's Club MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

*After February 12, Final Registration rates apply. SOT will accept faxed Registration Forms until March 2. On-line registration will be open until March 11. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2010 Annual Meeting attendees: apply for membership by May 1, 2010, and if accepted, SOT will waive your 2010 dues.

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.

RETURN THIS 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. Fax form to: (703) 438-3113.

US 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