



# Guest Registration Form

## SOT 51<sup>st</sup> Annual Meeting

### March 11–15, 2012

R2012

**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/Region: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ 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/Region: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Area Code/Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Special Accessibility Requirements: \_\_\_\_\_

**REGISTRATION FEES:**

	Early Bird Registration (Received by Jan. 27)	Standard Registration (Jan. 28 to Feb. 17)	Final Registration (After Feb. 17*)		
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: \_\_\_\_\_

**There will be no refunds for cancellations received at SOT Headquarters after February 17, 2012.**

\*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.

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.

RETURN THIS 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