



Registration Form (Part 1)

46th SOT Annual Meeting

March 25-29, 2007

R2007

FOR OFFICE USE ONLY

Date Received: _____

Input: Initials: _____

(Required: Please check the appropriate box)

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: _____

Special Accessibility Requirements: _____

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: _____

REGISTRATION FEES:

	Early Bird Registration (Received by Jan. 31)	Standard Registration (Feb. 1 to Feb. 28)	Final Registration (After Feb. 28)	
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: _____

METHOD OF PAYMENT:

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

Registration Fee(s) (from page 1) \$ _____
 Continuing Education Courses (from page 2) \$ _____
 Student Functions (from page 2) \$ _____
 Optional Abstract Material (from page 2) \$ _____
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: _____

*After February 28, Final Registration rates apply. SOT will accept faxed Registration Forms until March 16. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2007 Annual Meeting attendees: apply for membership by May 1, 2007, and if accepted, as SOT will waive your 2007 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. 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



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. 31)	Standard Registration (Feb. 1 to Feb. 28)	Final Registration (After Feb. 28)	# 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 (SOT Member/Non-Member)	\$ 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)

	Early Bird Registration (Received by Jan. 31)	Standard Registration (Feb. 1 to Feb. 28)	Final Registration (After Feb. 28)	
SOT Member/Corp Affiliate	\$ 45 each	\$ 70 each	\$ 95 each	\$ _____
Retired Member	\$ 45 each	\$ 70 each	\$ 95 each	\$ _____
Non-Member	\$ 65 each	\$ 90 each	\$115 each	\$ _____
Post-Doctoral (SOT Member/Non-Member)	\$ 45 each	\$ 70 each	\$ 95 each	\$ _____
Graduate or Undergraduate Student (SOT Member/Non-Member)	\$ 15 each	\$ 40 each	\$ 65 each	\$ _____
Press	\$ 0 each	\$ 0 each	\$ 0 each	\$ _____

STUDENT AND POST-DOCTORAL 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 registrant and would like to attend the complimentary Student/Post-Doctoral Reception. \$ Complimentary
- Yes, I am a student or post-doc 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 post-doc registrant and would like to attend the Post-Doc Luncheon on Wednesday. \$ Complimentary

OPTIONAL ABSTRACT MATERIAL:

2007 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	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	

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.

There will be no refunds for cancellations received at SOT Headquarters after March 16, 2007.

SOT will accept on-line Registration and faxed Registration Forms until March 16. On-Site Registration Forms will be available at the Annual Meeting Registration Desk. There will be no refunds for on-site Registration.