



Exhibitor Registration Form

SOT 50th Annual Meeting

March 6–10, 2011

R2011

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): _____

Company Name: _____

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

Street Address: _____

City/Region: _____ State/Prov: _____ Postal Code: _____ Country: _____

Area Code/Phone Number: _____ Fax Number: _____

E-mail Address: _____

Special Accessibility Requirements: _____

Registration Dates:**Early Bird Registration**
(Received by Jan. 21)**Standard Registration**
(Jan. 22 to Feb. 11)**Final Registration**
(After Feb. 11*)**REGISTRATION FEES:**

Exhibitor SOT Member	\$295 each	\$345 each	\$395 each	\$ _____
Exhibitor Non-Member**	\$590 each	\$640 each	\$690 each	\$ _____
<input type="checkbox"/> I'm Already Registered as a Complimentary Exhibitor	\$ 0	\$ 0	\$ 0	\$ 0

CONTINUING EDUCATION COURSES:

<input type="checkbox"/> Yes, I would like to attend the following CE courses. AM # _____ PM # _____					
Exhibitor SOT Member	\$150 each	\$175 each	\$200 each	# of Courses x _____	\$ _____
Exhibitor Non-Member	\$300 each	\$325 each	\$350 each	x _____	\$ _____
<input type="checkbox"/> Yes, I would like to attend the Sunrise Continuing Education Mini-Course (includes continental breakfast).					
Exhibitor SOT Member	\$ 55 each	\$ 80 each	\$105 each		\$ _____
Exhibitor Non-Member	\$ 75 each	\$100 each	\$125 each		\$ _____

OPTIONAL ABSTRACT MATERIAL:All paid meeting 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 _____ \$ _____**50th ANNIVERSARY CELEBRATION EVENT:**

				Quantity	Total Cost
<input type="checkbox"/> Yes, I would like to attend the 50th Anniversary Celebration Event on Tuesday, March 8.					
Exhibitor Member/Non-Member	\$100 each	\$125 each	\$150 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 # _____

(U.S. GOVERNMENT P.O. FORM MUST BE ATTACHED)

 American Express Discover Diner's Club MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

*After February 11, Final Registration rates apply. SOT will accept faxed Registration Forms until March 1. On-line registration will be open until March 10. On-Site Registration Forms will be available at the Annual Meeting Registration Desk.

**Special offer to non-member 2011 Annual Meeting attendees: apply for membership by May 1, 2011, and if accepted, SOT will waive your 2011 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