



# Registration Form (Part 1)

## SOT 50<sup>th</sup> 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): \_\_\_\_\_

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. 21)	Standard Registration (Jan. 22 to Feb. 11)	Final Registration (After Feb. 11*)	
<b>SOT Member</b>	\$295	\$345	\$395	\$ _____
<b>Non-Member**</b>	\$590	\$640	\$690	\$ _____
<b>SOT Retired/Emeritus Member</b>	\$ 65	\$105	\$145	\$ _____
<b>Postdoctoral SOT Member</b>	\$ 80	\$120	\$160	\$ _____
<b>Postdoctoral Non-Member**</b>	\$160	\$200	\$240	\$ _____
<b>Graduate Student Member</b>	\$ 60	\$100	\$140	\$ _____
<b>Graduate Student Non-Member**</b>	\$120	\$160	\$200	\$ _____
<b>Undergraduate Student</b>	\$ 0	\$ 0	\$ 0	\$ _____
<b>SOT Affiliate</b>	\$ 0	\$ 0	\$ 0	\$ _____
<b>Press</b>	\$ 0	\$ 0	\$ 0	\$ _____
<b>Guest/Spouse (Non-Scientist)</b>	\$ 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) \$ \_\_\_\_\_

50th Anniversary Event (from part 2) \$ \_\_\_\_\_

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

Optional Abstract Material (from part 2) \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

\*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.

**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**



# Registration Form

## SOT 50<sup>th</sup> Annual Meeting

### March 6–10, 2011

(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. 21)	Standard Registration (Jan. 22 to Feb. 11)	Final Registration (After Feb. 11)	# of Courses	
SOT Member/Affiliate	\$150 each	\$175 each	\$200 each	x _____	\$ _____
SOT Retired/Emeritus Member	\$110 each	\$135 each	\$160 each	x _____	\$ _____
Non-Member	\$300 each	\$325 each	\$350 each	x _____	\$ _____
Postdoctoral (SOT Member/Non-Member)	\$ 90 each	\$115 each	\$140 each	x _____	\$ _____
Graduate or Undergraduate Student (SOT Member/Non-Member)	\$ 45 each	\$ 70 each	\$ 95 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)

SOT Member/Affiliate	\$ 55 each	\$ 80 each	\$105 each		\$ _____
SOT Retired/Emeritus Member	\$ 55 each	\$ 80 each	\$105 each		\$ _____
Non-Member	\$ 75 each	\$100 each	\$125 each		\$ _____
Postdoctoral (SOT Member/Non-Member)	\$ 55 each	\$ 80 each	\$105 each		\$ _____
Graduate or Undergraduate Student (SOT Member/Non-Member)	\$ 25 each	\$ 50 each	\$ 75 each		\$ _____
Press	\$ 0 each	\$ 0 each	\$ 0 each		\$ _____

#### 50th ANNIVERSARY CELEBRATION EVENT:

Yes, I would like to attend the 50th Anniversary Celebration Event on Tuesday, March 8.

Attendees (Member/Non-Member)	\$100 each	\$125 each	\$150 each	x _____	\$ _____
Students and Postdocs ( <i>Limited tickets—250</i> )	\$50 each	\$50 each	\$50 each	x _____	\$ _____

#### 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 Reception. (*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)

- |  |  |   |  |  |
|--|--|---|--|--|
| <b>A. Type of Organization:</b><br>1. Academia<br>2. Government<br>3. Military<br>4. Private Industry<br>5. Other _____<br><b>B. Job Function:</b><br>6. Analytical<br>7. Financial/Purch.<br>8. Health and Safety<br>9. Computer/Statistics<br>10. Mgmt-Corporate<br>11. Mgmt-Facilities<br>12. Mgmt-Personnel<br>13. Marketing/Sales | 14. Quality Assurance<br>15. Regulatory<br>16. R&D-Admin.<br>17. R&D-Operations<br>18. R&D-Technical<br>19. Teaching<br>20. Other _____<br><b>C. Field of Work:</b><br>21. Biotechnology<br>22. Carcinogenesis<br>23. Epidemiology<br>24. Immunotoxicology<br>25. Infusion Tox.<br>26. Inhalation Tox.<br>27. Genetic Tox. | 28. Mechanisms<br>29. Metals<br>30. Molecular Biology<br>31. Mutagenicity<br>32. Neurotoxicology<br>33. Pathology<br>34. Pharmacokinetics<br>35. Pharmacology<br>36. Occup. Health<br>37. Risk Assessment<br>38. Repro. & Dev. Tox.<br>39. General Tox.<br>40. Other _____<br><b>D. Product Interest:</b><br>41. Publications<br>42. Contract Services: | a. Analytical<br>b. Aquatic Tox.<br>c. Clinical Tox.<br>d. Computer<br>e. <i>In Vitro</i> Tox.<br>f. Pathology<br>g. Preclinical Tox.<br>h. Quality Assurance<br>i. Wildlife Tox.<br>43. Supplies/Equipment<br>a. Analytical<br>b. Clinical Chem.<br>c. Hardware<br>d. Software<br>e. <i>In Vitro</i><br>f. <i>In Vivo</i> | g. Lab Animal<br>h. Neurotoxicology<br>i. Pathology<br>44. Other _____<br><b>E. Purchasing Responsibilities:</b><br>45. a. I make purchasing decisions<br>b. I influence purchasing decisions<br>c. I do not participate in purchasing decisions |
|--|--|---|--|--|

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 11, 2011.**

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