



MEETING REGISTRATION FORM

The Safety Pharmacology Society 8th Annual Meeting and Exhibition

September 22–25, 2008
Madison, Wisconsin

For Office Use Only
Date Received: _____
Input: Initials: _____

Member Non-Member (Please check the appropriate box)

Please print or type:

First and Last Name: _____

Affiliation: _____

Department: _____

Street Address: _____

City/State/Zip/Country: _____

Telephone Number: _____ Fax Number: _____
(With Country Code)

E-mail Address: _____

I require the following special accommodations for accessibility: _____

Is this a new employer?
 Yes No

Is this a new address?
 Yes No

REGISTRATION FEES:

	Early Bird Registration February 12–June 30, 2008	Advance Registration July 1–August 21, 2008	On-Site Registration August 22–September 25, 2008
Member	<input type="checkbox"/> \$550 x _____	<input type="checkbox"/> \$650 x _____	<input type="checkbox"/> \$750 x _____
Non-member	<input type="checkbox"/> \$750 x _____	<input type="checkbox"/> \$850 x _____	<input type="checkbox"/> \$950 x _____
Student	<input type="checkbox"/> \$200 x _____	<input type="checkbox"/> \$250 x _____	<input type="checkbox"/> \$300 x _____

CONTINUING EDUCATION COURSES FEE(S): (Per Course)

	Early Bird Registration February 12–June 30, 2008	Advance Registration July 1–August 21, 2008	On-Site Registration August 22–September 25, 2008
Member	<input type="checkbox"/> \$275 x _____	<input type="checkbox"/> \$300 x _____	<input type="checkbox"/> \$325 x _____
Non-member	<input type="checkbox"/> \$300 x _____	<input type="checkbox"/> \$325 x _____	<input type="checkbox"/> \$350 x _____
Student	<input type="checkbox"/> \$100 x _____	<input type="checkbox"/> \$150 x _____	<input type="checkbox"/> \$200 x _____

Select CE Course(s): CE AM 1 CE AM 2 CE AM 3 CE AM 4
CE PM 5 CE PM 6 CE PM 7 CE PM 8

REGISTRATION TOTAL \$ _____

All requests for cancellations and/or refunds must be received in writing at SPS HQ by August 25, 2008. These refunds will be processed, less a \$25 processing fee. Refund requests received after August 25, 2008, will not be processed.

METHOD OF PAYMENT:

Please make all checks or credit charges payable to the Safety Pharmacology Society in U.S. currency.

Check or Money Order #: _____

MasterCard Visa AMEX

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

If cardholder is different from registrant, please include cardholder's telephone number: (_____) _____

MAIL completed form with remittance to: Safety Pharmacology Society, Meeting Registration
1821 Michael Faraday Drive, Suite 300, Reston, VA 20190-5348, USA.

FAXED FORMS are accepted
ONLY if using credit cards. Fax to (703) 438-3113

REGISTER ON-LINE: www.safetypharmacology.org
All hard copy and fax registration information will be entered on-line by SPS staff.