



MEETING REGISTRATION FORM

The Safety Pharmacology Society

9th Annual Meeting and Exhibition • September 15–18, 2009

Strasbourg, France

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

Member Non-Member (Please check the appropriate box)

Please print or type:

First and Last Name: _____

Company: _____ Department: _____

Street Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-mail: _____
(With Country Code)

Is this a new employer?

Yes No

Is this a new address?

Yes No

I require the following special accommodations for accessibility: _____

REGISTRATION FEES:

	Early Bird Registration February 1–May 15, 2009	Advance Registration May 16–August 15, 2009	On-Site Registration August 16–September 18, 2009
<input type="checkbox"/> Member	\$600 x _____	\$700 x _____	\$800 x _____
<input type="checkbox"/> Non-Member	\$800 x _____	\$900 x _____	\$1,000 x _____
<input type="checkbox"/> Student	\$250 x _____	\$300 x _____	\$350 x _____

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

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

<input type="checkbox"/> Member	\$275 x _____	\$300 x _____	\$325 x _____
<input type="checkbox"/> Non-Member	\$300 x _____	\$325 x _____	\$350 x _____
<input type="checkbox"/> Student	\$100 x _____	\$150 x _____	\$200 x _____
<input type="checkbox"/> Exhibitor Member	\$275 x _____	\$300 x _____	\$325 x _____
<input type="checkbox"/> Exhibitor Non-Member	\$300 x _____	\$325 x _____	\$350 x _____

EXHIBITOR REGISTRATION FEES:

Each company is permitted 2 complimentary Exhibitors per 3m X 3m booth. Additional registrants should register at the Member/Non-Member rate. Form must be received by August 15, 2009, for participant's name to appear in SPS Attendees List. Exhibitors must pay to attend CE courses.

	Complimentary	Complimentary	Complimentary
<input type="checkbox"/> Complimentary Exhibitor (2 per 3m x 3m booth)			
<input type="checkbox"/> Exhibitor Member	\$600 x _____	\$700 x _____	\$800 x _____
<input type="checkbox"/> Exhibitor Non-Member	\$800 x _____	\$900 x _____	\$1,000 x _____

REGISTRATION TOTAL \$ _____

METHOD OF PAYMENT:

Please make all checks or credit charges payable to:
Safety Pharmacology Society (U.S. currency)

Check or Money Order #: _____

MasterCard Visa AMEX

Credit Card #: _____ Expiration Date: _____

Cardholder's Printed Name: _____

Signature: _____

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

(_____) _____

CANCELLATION/ REFUND POLICY:

All requests for cancellations and/or refunds must be received in writing at SPS HQ by **August 15, 2009**. These refunds will be processed, less a \$25 processing fee. Refund requests received after August 15, 2009, will not be processed.

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.