



MEETING REGISTRATION FORM

The Safety Pharmacology Society

10th Annual Meeting and Exhibition • September 20–23, 2010

Boston, Massachusetts

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, 2010	Advance Registration May 16–August 16, 2010	On-Site Registration August 17–September 23, 2010
<input type="checkbox"/> Member	\$600 x _____	\$700 x _____	\$800 x _____
<input type="checkbox"/> Non-Member (Academic/Government)	\$600 x _____	\$700 x _____	\$800 x _____
<input type="checkbox"/> Non-Member (Industry)	\$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

	Early Bird Registration February 1–May 15, 2010	Advance Registration May 16–August 16, 2010	On-Site Registration August 17–September 23, 2010
<input type="checkbox"/> Member	\$275 x _____	\$300 x _____	\$325 x _____
<input type="checkbox"/> Non-Member (Academic/Government)	\$275 x _____	\$300 x _____	\$325 x _____
<input type="checkbox"/> Non-Member (Industry)	\$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 _____
<input type="checkbox"/> CE Course(s) Only (\$350—all times)	\$350 x _____	\$350 x _____	\$350 x _____

EXHIBITOR REGISTRATION FEES:

Each company is permitted 2 complimentary Exhibitors per 10' X 10' booth. Additional registrants should register at the Member/Non-Member rate. Form must be received by August 16, 2010, for participant's name to appear in SPS Attendees List. Exhibitors must pay to attend CE courses.

	Early Bird Registration February 1–May 15, 2010	Advance Registration May 16–August 16, 2010	On-Site Registration August 17–September 23, 2010
<input type="checkbox"/> Complimentary Exhibitor (2 per 10' x 10' booth)	Complimentary	Complimentary	Complimentary
<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 16, 2010**. These refunds will be processed, less a \$25 processing fee. Refund requests received after August 16, 2010, 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.