

# ONLINE REGISTRATION AVAILABLE

Visit the American Academy of Clinical Toxicology website: [www.clintox.org](http://www.clintox.org)

## NACCT 2018 Registration Form

Fax: 925-828-1950 or mail this form with full payment (U.S. Funds) to:  
NACCT, Attn: Registrar, 3478 Buskirk Ave, Suite 1000, Pleasant Hill, CA 94523  
or call 925-361-4831

**MEMBERSHIP STATUS** Please check all that apply  
Registration fees based on Membership and Position/Function

- AACT  AAPCC  ACMT  CAPCC  EAPCCT  
 EDUCATOR  OTHER \_\_\_\_\_  NONE

### DEGREE

- BS Pharm/RPh  Medical Director  
 DVM  Managing Director  
 MD  Medical Toxicologist  
 DO  Clinical Toxicologist  
 PA  Physician  
 ARNP  Fellow/Resident  
 PharmD  Student  
 PhD  SPI/CSPI  
 RN # \_\_\_\_\_  Poison Center Educator  
 Other: \_\_\_\_\_  Poison Information Provider (PIP)  
 Other: \_\_\_\_\_

### REGISTER ME FOR

- ACMT Pre-Meeting Symposium 10/25  
 ACMT Pre-Meeting CE  
 AACT Pre-Meeting Symposium 10/26  
 AACT Pre-Meeting CE  
 NACCT Main Congress 10/27 – 10/29  
 NACCT Main Congress CE  
 AACT Reception 10/26  
*AACT Members' Reception and FAACT Induction Ceremony*  
 50th Anniversary House of Blues Dinner and Live Music 10/28  
*Please note: 50th Anniversary House of Blues Dinner and Live Music is only available for main congress attendees and their guests. Each dinner attendee must purchase a ticket. Attendees must be 21 years of age or older.*  
 CHES Credit (Currently a Certified Health Education Specialist or Master Certified Health Education Specialist)  
CHES# \_\_\_\_\_  
 By checking this box I certify that I am currently enrolled in an active toxicology training fellowship program, resident training program, or medical, pharmacy, or nursing school.



### PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*This email address is used for confirmation, receipt, access to presentation slides prior to conference, access to your Certificate of Attendance and Online CE Library. Please print clearly and provide your best email address to prevent email correspondence from being filtered or blocked.*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

### PAYMENT SUMMARY

Early Fee Postmark Deadline on or before 9/20/2018

Registration fees based on Membership and Position/Job Function

ACMT Pre-Meeting Symposium (10/25) \$ \_\_\_\_\_

ACMT Pre-Meeting CE \$ \_\_\_\_\_

AACT Pre-Meeting Symposium (10/26) \$ \_\_\_\_\_

AACT Pre-Meeting CE \$ \_\_\_\_\_

NACCT Main Congress (10/27-10/29) \$ \_\_\_\_\_

NACCT Main Congress CE \$ \_\_\_\_\_

Opening Reception Guest Fee (10/27)

\$60.00 per guest, #: \_\_\_\_\_

Guest Name: \_\_\_\_\_ \$ \_\_\_\_\_

50th Anniversary

House of Blues Dinner and Live Music (10/28)

\$40.00 per guest, # \_\_\_\_\_ of tickets \$ \_\_\_\_\_

*(If purchasing ticket for yourself, your name is not required in the Guest name field)*

Guest Name \_\_\_\_\_

Guest Name \_\_\_\_\_

Guest Name \_\_\_\_\_

Chicago Prohibition Crime tour (10/29)

\$40.00 per guest, # \_\_\_\_\_ of tickets \$ \_\_\_\_\_

TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_

Check/Money Order Payable to NACCT (U.S. Funds)

Visa  MasterCard  AMEX

Credit Card #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Payer Email Address: \_\_\_\_\_

Payer Phone #: \_\_\_\_\_