

# ONLINE REGISTRATION AVAILABLE

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

## NACCT 2019 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) 361.4813

### MEMBERSHIP STATUS

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

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

### DEGREE

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> BS Pharm/RPh | <input type="checkbox"/> Medical Director                  |
| <input type="checkbox"/> DVM          | <input type="checkbox"/> Managing Director                 |
| <input type="checkbox"/> MD           | <input type="checkbox"/> Medical Toxicologist              |
| <input type="checkbox"/> DO           | <input type="checkbox"/> Clinical Toxicologist             |
| <input type="checkbox"/> PA           | <input type="checkbox"/> Physician                         |
| <input type="checkbox"/> ARNP         | <input type="checkbox"/> Fellow/Resident                   |
| <input type="checkbox"/> PharmD       | <input type="checkbox"/> Student                           |
| <input type="checkbox"/> PhD          | <input type="checkbox"/> SPI/CSPI                          |
| <input type="checkbox"/> RN # _____   | <input type="checkbox"/> Poison Center Educator            |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Poison Information Provider (PIP) |
|                                       | <input type="checkbox"/> Other: _____                      |

### REGISTER ME FOR

- ACMT Pre-Meeting Symposium (9/23)  
 ACMT Pre-Meeting CE  
 AACT Pre-Meeting Symposium (9/24)  
 AACT Pre-Meeting CE  
 NACCT Main Congress (9/25 - 9/27)  
 NACCT Main Congress CE  
 AACT Reception (9/24)  
*AACT Members' Reception and FAACT Induction Ceremony*  
 Tin Roof Dinner and Live Entertainment (9/26)  
*Please note: Tin Roof Dinner and Live Entertainment 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 8/19/2019

Registration fees based on Membership and Position/Job Function

ACMT Pre-Meeting Symposium (9/23)	\$ _____
ACMT Pre-Meeting CE	\$ _____
AACT Pre-Meeting Symposium (9/24)	\$ _____
AACT Pre-Meeting CE	\$ _____
NACCT Main Congress (9/25 - 9/27)	\$ _____
NACCT Main Congress CE	\$ _____
Opening Reception Guest Fee (9/25)	
\$60.00 per guest, # _____	
Guest Name: _____	\$ _____
(Main Congress Registration fee includes opening reception)	
Tin Roof dinner and Live Entertainment (9/26)	
\$100.00 per guest, # _____ of tickets	\$ _____

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

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

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

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 #: \_\_\_\_\_