

ONLINE REGISTRATION AVAILABLE

Visit the American Academy of Clinical Toxicology website: www.clintox.org

NACCT 2021 Registration Form

Mail this form with full payment (U.S. Funds) or email with credit card info:
NACCT, Attn: Registrar, 10408 Clinton Ave • Silver Spring, MD 20902
nacctinfo@meetingpriorities.com

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 (10/13) Virtual
 ACMT Pre-Meeting CE
 AACT Pre-Meeting Symposium 10/14) Virtual
 AACT Pre-Meeting CE
 NACCT Main Congress (10/16-10/18)
 In-Person
 Virtual
 NACCT Main Congress CE
 AACT Reception
AACT Members' Reception and FAACT Induction Ceremony
 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 /Last 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 Virtual Platform. 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 8/29/2021

Registration fees based on Membership and Position/Job Function

ACMT Pre-Meeting Symposium (10/13 Virtual)	\$ _____
ACMT Pre-Meeting CE	\$ _____
AACT Pre-Meeting Symposium (10/14 Virtual)	\$ _____
AACT Pre-Meeting CE	\$ _____
NACCT Main Congress (10/16-18 Hybrid)	\$ _____
NACCT Main Congress CE	\$ _____

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 #: _____

