**SEPTEMBER 14 – 18, 2022**

**NACCT 2022 REGISTRATION FEES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Bird In-Person Attendee on or before 7/15/2022</th>
<th>Advance In-Person Attendee 7/16/2022 – 9/13/2022</th>
<th>Onsite Live Attendee 9/14/2022</th>
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</thead>
<tbody>
<tr>
<td>General</td>
<td>$900</td>
<td>$1,000</td>
<td>$1,150</td>
</tr>
<tr>
<td>AAPCC/AACT/ABAT</td>
<td>$600</td>
<td>$680</td>
<td>$825</td>
</tr>
<tr>
<td>ACMT/EAPCCT/CAPCCT/APAMT</td>
<td>$850</td>
<td>$940</td>
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</tr>
<tr>
<td>SPIs/Educators</td>
<td>$425</td>
<td>$475</td>
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</tr>
<tr>
<td>Fellows-In-Training</td>
<td>$425</td>
<td>$475</td>
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<tr>
<td>Active Duty Military Personnel</td>
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<tr>
<td>Residents</td>
<td>$350</td>
<td>$400</td>
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<tr>
<td>Students</td>
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<tr>
<td>One day general registration</td>
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<tr>
<td>Two day general registration</td>
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<td>Press pass / per day</td>
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**ACMT Pre-Meeting**

<table>
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<tr>
<th>Category</th>
<th>Continuing Education One day</th>
<th>Continuing Education Two day</th>
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<td>General Registration</td>
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<td>ACMT Members</td>
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<td>Fellows-In-Training</td>
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<td>Active Duty Military Personnel</td>
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**AACT Pre-Symposium (September 15)**

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<thead>
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<th>AACT Members</th>
<th>AAPCC/AACT/ABAT/EPACT/CEPCCT/AFAMT Members</th>
<th>AAPCC Members</th>
<th>Fellows-In-Training</th>
<th>SPIs/Educators</th>
<th>Active Duty Military Personnel</th>
<th>Residents/Students</th>
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<td>SPIs/Educators</td>
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<td>Residents/Students</td>
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ONLINE REGISTRATION AVAILABLE
VISIT THE AMERICAN ACADEMY OF CLINICAL TOXICOLOGY WEBSITE: WWW.CLINTOX.ORG/NACCT

NACCT 2022 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  ☐ ABAT  ☐ ACMT  ☐ APAMT  ☐ CAPCCT  ☐ 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 ________________  ☐ NONE

PLEASE PRINT CLEARLY:
First / Last Name: ________________________________
Gender Pronouns: ________________________________
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: __________________

REGISTER ME FOR:
☐ ACMT Pre-Meeting Symposium (9/14)
☐ ACMT Pre-Meeting CE
☐ AACT Pre-Meeting Symposium (9/15)
☐ AACT Pre-Meeting CE
☐ NACCT Main Congress (9/16 - 9/18)
☐ NACCT Main Congress CE
☐ 1 Day Main Congress (Specify Day) ________________
☐ 2 Day Main Congress (Specify Days) ________________
☐ 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.

PAYMENT SUMMARY:
Early Fee Postmark Deadline on or before 7/15/2022
Registration fees based on Membership and Position/Job Function
ACMT Pre-Meeting Symposium (9/14) $______________
ACMT Pre-Meeting CE $______________
AACT Pre-Meeting Symposium (9/15) $______________
AACT Pre-Meeting CE $______________
NACCT Main Congress $______________
NACCT Main Congress CE $______________
Main Congress Day 1 __ Day 2 __ Day 3 __ $______________
Main Congress CE Day 1 __ Day 2 __ Day 3 __ $______________
Opening Reception Guest Fee (9/16) $______________

#: ________ (*$75.00 / guest)

Guest Name: ________________________________
(Main Congress Registration fee includes opening reception)

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#: __________________
Email: __________________ Phone: __________________