



**NORTH AMERICAN
CONGRESS OF
CLINICAL TOXICOLOGY**



Join the conversation **#NACCT2022**

SEPTEMBER 14 - 18, 2022

NACCT 2022 REGISTRATION FEES

	Early Bird In-Person Attendee on or before 7/15/2022	Advance In-Person Attendee 7/16/2022 – 9/13/2022	Onsite Live Attendee 9/14/2022
General	\$900	\$1,000	\$1,150
AAPCC/AACT/ABAT	\$600	\$680	\$825
ACMT/EAPCCT/CAPCCT/APAMT	\$850	\$940	\$1,090
SPIs/Educators	\$425	\$475	\$500
Fellows-In-Training	\$425	\$475	\$500
Active Duty Military Personnel	\$425	\$475	\$500
Residents	\$350	\$400	\$450
Students	\$350	\$400	\$450
One day general registration	\$350	\$400	\$435
Two day general registration	\$550	\$600	\$635
Press pass / per day	\$150	\$150	\$150
ACMT Pre-Meeting Continuing Education	\$90	\$90	\$90
AACT Pre-Meeting Continuing Education	\$90	\$90	\$90
Main Congress Continuing Education	\$250	\$250	\$250
One day Continuing Education	\$125	\$125	\$125
Two day Continuing Education	\$225	\$225	\$225

ACMT Pre-Symposium (September 14)

General Registration	\$345
ACMT Members	\$250
AACT/ABAT/EAPCCT/CAPCCT/APAMT Members	\$300
AAPCC Members	\$300
Fellows-In-Training	\$225
SPIs/Educators	\$225
Active Duty Military Personnel	\$225
Residents/Students	\$225

AACT Pre-Symposium (September 15)

General Registration	\$345
AACT Members	\$250
ACMT/ABAT/EAPCCT/CAPCCT/APAMT Members	\$300
AAPCC Members	\$300
Fellows-In-Training	\$225
SPIs/Educators	\$225
Active Duty Military Personnel	\$225
Residents/Students	\$225



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:

- | | |
|---------------------------------------|--|
| <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 _____ |

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: _____