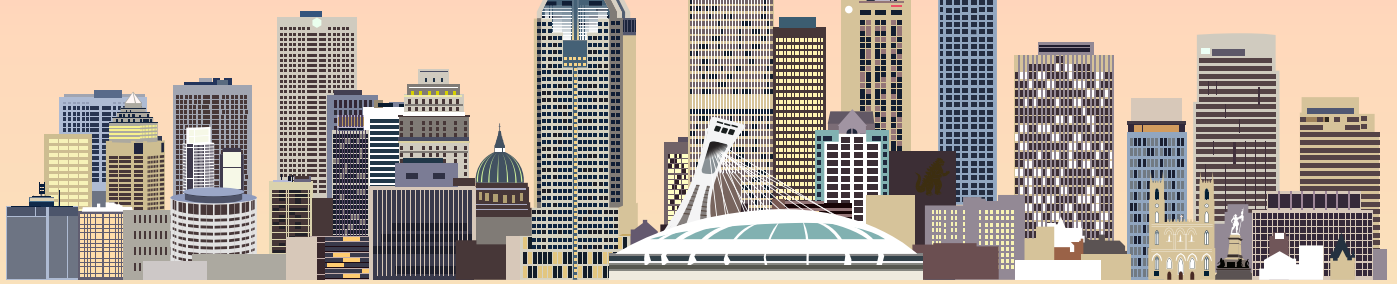


Join the conversation!



**NORTH AMERICAN
CONGRESS OF
CLINICAL TOXICOLOGY**

#NACCT2023
Montreal, Quebec Canada
Fairmont The Queen Elizabeth



September 27 - October 1, 2023

NACCT 2023 REGISTRATION FEES USD

	Early Bird Registration on or before 8/3/2023	Advance Registration 8/4/2023-9/26/2023	Onsite Registration After 9/26/2023
General	\$900	\$1,000	\$1,150
AACT/ABAT/America's Poison Centers	\$600	\$680	\$825
ACMT/EAPCCT/CAPCCT/APAMT Members	\$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
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 27)

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

AACT Pre-Symposium (September 28)

General Registration	\$345
AACT/ABAT Members	\$250
ACMT/EAPCCT/CAPCCT/APAMT Members	\$300
America's Poison Centers 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

Mail this form with full payment (U.S. Funds) or fax with credit card info:
NACCT | 6728 Old McLean Village Drive | McLean, VA 22101 | FAX: 703-556-8729

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

- AACT / ABAT
 America's Poison Centers
 ACMT
 APAMT
 CAPCCT
 EAPCCT
 EDUCATOR
 OTHER _____
 NONE

DEGREE:

- BS Pharm/RPh
 DVM
 MD
 DO
 PA
 ARNP
 PharmD
 PhD
 RN# _____
 Other _____

POSITION:

- Medical Director
 Managing Director
 Medical Toxicologist
 Clinical Toxicologist
 Physician
 Fellow/Resident
 Student
 SPI/CSPI
 Poison Center Educator
 Poison Information Provider (PIP)
 Other _____

PLEASE PRINT CLEARLY:

Full 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 recorded sessions following the meeting. 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:

Early Fee Postmark Deadline on or before 8/3/2023

Registration fees based on Membership and Position/Job Function

- ACMT Pre-Meeting Symposium (9/27) \$ _____
 ACMT Pre-Meeting CE \$ _____
 AACT Pre-Meeting Symposium (9/28) \$ _____
 AACT Pre-Meeting CE \$ _____
 NACCT Main Congress (9/29-10/1) \$ _____
 NACCT Main Congress CE \$ _____
 Main Congress One or Two Day Registration
 Day 1 Day 2 Day 3 \$ _____
 Main Congress CE
 Day 1 Day 2 Day 3 \$ _____
 Opening Reception Guest Fee (9/29) \$ _____
 #: ____ (\$75.00 / guest)

Guest Name(s): _____

(Main Congress Registration fee includes opening reception)

- Fun Run (9/30) \$ _____
 Yoga (10/1) \$ _____

(Registration is free for Fun Run and Yoga events. Suggested donation for each event is \$15. All proceeds will benefit the Montreal Addictions Foundation.)

TOTAL PAYMENT ENCLOSED \$ _____

PAYMENT METHOD

- 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: _____

PLEASE CHECK IF APPLICABLE:

- 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.