



MEETING REGISTRATION FORM

The Safety Pharmacology Society
7th Annual Meeting and Exhibition
September 19–21, 2007
Edinburgh, Scotland

For Office Use Only Date Received: _____ Input: Initials: _____
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Member Non-Member (Please check the appropriate box)

Please print or type:

First and Last Name: _____

Affiliation: _____

Department: _____

Street Address: _____

City/State/Zip/Country: _____

Telephone Number: _____ Fax Number: _____

(With Country Code)

E-mail Address: _____

I require the following special accommodations for accessibility: _____

Is this a new employer?

Yes No

Is this a new address?

Yes No

REGISTRATION FEES:

	Early Bird Registration April 2–June 26, 2007	Advance Registration June 27–August 26, 2007	Pre- and On-Site Registration August 27–September 21, 2007
Member	<input type="checkbox"/> \$550 x _____	<input type="checkbox"/> \$650 x _____	<input type="checkbox"/> \$750 x _____
Non-member	<input type="checkbox"/> \$750 x _____	<input type="checkbox"/> \$850 x _____	<input type="checkbox"/> \$950 x _____
Student	<input type="checkbox"/> \$200 x _____	<input type="checkbox"/> \$250 x _____	<input type="checkbox"/> \$300 x _____

CONTINUING EDUCATION COURSES FEE(S): (Per Course)

	Early Bird Registration April 2–June 26, 2007	Advance Registration June 27–August 26, 2007	Pre- and On-Site Registration August 27–September 21, 2007
Member	<input type="checkbox"/> \$275 x _____	<input type="checkbox"/> \$300 x _____	<input type="checkbox"/> \$325 x _____
Non-member	<input type="checkbox"/> \$300 x _____	<input type="checkbox"/> \$325 x _____	<input type="checkbox"/> \$350 x _____
Student	<input type="checkbox"/> \$100 x _____	<input type="checkbox"/> \$150 x _____	<input type="checkbox"/> \$200 x _____

CE AM 1 CE AM 2 CE AM 3 CE AM 4

CE PM 5 CE PM 6 CE PM 7 CE PM 8

REGISTRATION TOTAL \$ _____

All requests for cancellations and/or refunds must be received in writing at SPS HQ by September 2, 2007. These refunds will be processed, less a \$25 processing fee. Refund requests received after September 2, 2007, will not be processed.

METHOD OF PAYMENT:

Please make all checks or credit charges payable to the Safety Pharmacology Society in U.S. currency.

Check or Money Order #: _____

MasterCard Visa AMEX

Credit Card #: _____ Expiration Date: _____

Signature: _____ Cardholder's Printed Name: _____

If cardholder is different from registrant, please include cardholder's telephone number: (_____) _____

MAIL completed form with remittance to: Safety Pharmacology Society, Meeting Registration,
 1821 Michael Faraday Drive, Suite 300, Reston, VA 20190-5348, USA.

FAXED FORMS are accepted
 ONLY if using credit cards. Fax to (703) 438-3113

REGISTER ON-LINE: www.safetypharmacology.org
 All hard copy and fax registration information will be entered on-line by SPS staff.