

## REGISTRATION FORM

Please complete all items on this registration form - type or print legibly. The deadline for pre-registration is **March 1, 2012**. After that date, plan to register at the meeting site. Keep one copy of this completed form for your records. Save money by registering prior to February 16! All fees are quoted in U.S. funds.

### Choose to register one of three ways:

1. Fax your completed registration form with credit card information to +1-608-443-2474 or +1-608-443-2478 (we accept MasterCard, Visa, and American Express). Faxed registration forms without a form of payment will not be processed. If you are registering via the internet or fax, do not mail the original registration form.
2. Mail your completed registration form and payment (in U.S. funds only, drawn on a U.S. bank) to the SRNT Office (2424 American Lane, Madison, WI 53704 USA).
3. If you wish to register through the internet, please go to the SRNT website at <http://www.srnt.org> (click under 2012 Conference) and follow the instructions for secure online registration. You will need a credit card to register through the internet (available on the website in early January).

If you have not yet renewed your membership with SRNT, feel free to do so using this registration form (see Membership Renewal Section on page 2).

All potential attendees at the SRNT Annual Meeting should be aware that an individual's current or past employment history is not a criterion on which SRNT bases registration decisions. Thus, meeting attendees may include representatives of the tobacco industry.

### Additional Instructions

- a. Please complete one form per registrant.
- b. Registration by telephone will not be accepted.
- c. Payment must accompany each registration form. International registrants must submit payment in U.S. dollars, drawn on a U.S. bank.
- d. The registration deadline for inclusion in the Attendee Directory (distributed on site) is February 16, 2012.
- e. Be sure to secure your hotel reservations at the Hilton Americas Houston Hotel prior to February 16, 2012.

### Registration Information

Please print clearly.

Prefix  Dr.  Mr.  Ms.  \_\_\_\_\_ First Name \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name or Surname \_\_\_\_\_

Degree(s) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_  
(include area code and country code, if applicable)

Email Address \_\_\_\_\_  
(Registration confirmation will be emailed to you)

Address type:  Work  Home

### Badge Information

This is how your badge will read. Please print clearly (complete only those lines that are different from the "Registration Information" above).

First Name \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name or Surname \_\_\_\_\_

Degree(s) \_\_\_\_\_

Place of Employment \_\_\_\_\_

City/State/Province \_\_\_\_\_

Country \_\_\_\_\_

Please provide a contact name and phone number of a close relative or friend in case of emergency:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please check here if you need special assistance. (An SRNT staff member will contact you.)

Check here if you do NOT wish to be listed in the Attendee Directory. The Attendee Directory is distributed to attendees and exhibitors.

### Registration Confirmation

If you do not receive a confirmation e-mail within three weeks of registering, please call the SRNT Office at +1-608-443-2462 to verify that your registration form has been received.

### Membership

1. Are you a current SRNT member?  Yes  No

2. Are you joining SRNT at the meeting?  Yes  No

\*If yes, please be sure to return a completed membership application and a curriculum vitae with this form. Download a membership application at <http://www.srnt.org>.

### Registration Fees (quoted in USD)

Check one:

	Received on or before February 16, 2012	Received after February 16, 2012
Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445
Non-Member	<input type="checkbox"/> \$545	<input type="checkbox"/> \$595
Student/Trainee Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Student/Trainee Non-Member	<input type="checkbox"/> \$198	<input type="checkbox"/> \$248
One-Day Registration Fees		
Professional	<input type="checkbox"/> \$285	<input type="checkbox"/> \$310
Student	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140

Which Day?  Wednesday, March 14

Thursday, March 15

Friday, March 16

### Registration Waiver

SRNT will waive the registration fee for members from low-, lower-middle-, and upper-middle-income countries, as defined by the World Bank. For a list of eligible countries, visit [http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Low\\_income](http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Low_income).

Low, Lower-Middle, Upper-Middle Income Country Member  \$0

**Pre-Conference Workshops**

All Pre-Conference Workshops are scheduled for Tuesday, March 13, 2012. They are scheduled to run concurrently. Check the workshop you are interested in attending below. Each person registering for a pre-conference workshop will receive one boxed lunch.

**Fees**

	Received on or before February 16, 2012	Received after February 16, 2012
Half Day	\$75	\$95
Full Day	\$125	\$145

- 8:30 a.m.-12:00 noon  
**Pre-Conference Workshop 1**  
Dissemination of Treatment Research Findings into Clinical Practice: A Joint SRNT/ATTUD Conference
- 8:30 a.m.-12:00 noon  
**Pre-Conference Workshop 2**  
The Smoking Cessation and Reduction In Pregnancy Treatment (SCRIPT) Program: Translating Science to Prenatal Care Programs and Professional Practices
- 8:30 a.m.-4:30 p.m.  
**Pre-Conference Workshop 3**  
Cholinergic Regulation of Addiction and Disease: Understanding Mechanisms and Identifying Novel Therapeutic Targets
- 8:30 a.m.-4:30 p.m.  
**Pre-Conference Workshop 4**  
New Methods for Advancing Research on Tobacco Dependence
- 8:30 a.m.-4:30 p.m.  
**Pre-Conference Workshop 5**  
Biomarker Development for Nicotine Dependence
- 1:00 p.m.-4:30 p.m.  
**Pre-Conference Workshop 6**  
Advancing the Science and Practice of Behavioral Support for Smoking Cessation
- 1:00 p.m.-4:30 p.m.  
**Pre-Conference Workshop 7**  
Turning Research Into Action

**SRNT Membership Renewal (quoted in USD)**

Renew your membership with SRNT for the 2012 year by checking your membership fee below:

Type of Member	High Income Countries	High-Middle Income Countries	Low-Middle Income Countries	Low Income Countries
Full Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$65	<input type="checkbox"/> \$30
Affiliate Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$65	<input type="checkbox"/> \$30

- Retired \$65
- Student/Trainee \$48\*

\*Verification of Student/Trainee status must accompany renewal/application.

Dues categories are based on economies as defined by the World Bank. A list of countries according to global economies is available online at <http://www.srnt.org>.

**Student Trainees**

For trainees only. This section of the form must be completed for training verification or registration cannot be processed.

This verifies that \_\_\_\_\_ is currently enrolled as a full-time trainee (or student) for the 2011-2012 academic year at:

Institution \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

**Continuing Education Credits**

Check the credits desired and add \$75 per credit type to your registration fee total. Applicants must complete and return the attendance record and any required post-tests in order to receive continuing education credit.

- Continuing Education for Psychologists (APA) -- \$75
- Continuing Medical Education Credits (CME) -- \$75

**Guest Registration**

You may register a guest/spouse for \$60 per person. The guest fee includes admittance to the opening reception and one general or plenary session. Limit: 1 guest

Guest Full Name: \_\_\_\_\_

**Payment**

Please total your fees from the different categories included on the registration form.

Registration Fee Total	_____ USD
Pre-Conference Workshop Total	_____ USD
SRNT Membership Renewal	_____ USD
Continuing Education Credit Total	_____ USD
Guest Registration (limit of 1)	_____ USD
<b>Grand Total</b>	<b>_____ USD</b>

(Please submit this amount with your registration form.)

Check one of the following options and enclose payment. Registration forms not accompanied by proper registration fees will be returned. If none of these payment options are feasible for you, please contact the SRNT Office at +1-608-443-2462 for further assistance.

- Check (make your check payable to SRNT – US funds only)
- Mastercard / Visa / American Express

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Cardholder City/State \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please complete the entire registration form and mail or fax it with your payment to:

**Society for Research on Nicotine and Tobacco (SRNT)**

2424 American Lane  
Madison, WI 53704 USA

For more information, call or email:

Telephone: +1-608-443-2462

Email: [registrar@srnt.org](mailto:registrar@srnt.org)

Fax: +1-608-443-2474 or +1-608-443-2478

**Cancellation Policy**

Any Annual Meeting registration cancellation must be made in writing directly to SRNT. If received on or before March 1, 2012, SRNT will apply a \$50 USD administrative fee and refund the remainder of your registration fee after the meeting. After March 1, 2012, no refunds will be given. Walk-ins and replacements are always welcome.