



Mail this Registration Form and check payment payable to  
**ACRP – RTP, NC Chapter**  
 ATTN: Fall Conference  
 PO Box 12156, RTP NC 27709-2156  
**Must be post-marked not later than 26Sep2009**  
**Registration limited to first 175 forms received with payment**

## 2009 Fall Conference Registration

Sponsored by Research Triangle Park Chapter of ACRP  
<http://www.acrpnnet.org/GetInfoFor/USChapters/ResearchTrianglePark.aspx>



## Friday, October 2 and Saturday, October 3, 2009

North Carolina Biotechnology Center - 15 T.W. Alexander Drive, Research Triangle Park, NC 27709

*Registration Fees	Friday only 10/02/09	Saturday 10/03/09	Both Days 10/02/09- 10/03/09
Non-ACRP member	\$150	\$75	<b>\$225</b>
ACRP national member	\$100	\$60	<b>\$160</b>
ACRP-RTP local chapter member	\$80	\$40	<b>\$120</b>
Students (full-time)	\$50	\$30	<b>\$60</b>

Indicate your registration status by selecting one of the following categories (check one):

- Non-ACRP member:** not a current member of the National ACRP organization
- ACRP national member:** current member of National ACRP, not a member of a local ACRP chapter
- ACRP-RTP local chapter member:** current member of both National ACRP and RTP-ACRP chapter
- Student (full-time):** include a letter from your department Dean indicating your current full-time student status

**\*Contact hours will be available for an additional charge, upon request. Your registration total does not include these fees. Please see the chapter website for additional information.**

### Attending:

- Friday, October 2, 2009     Saturday, October 3, 2009     Attending Both Days
- I paid by PayPal via the chapter website (see URL, listed above)
- Check enclosed, made payable to "ACRP-RTP, NC Chapter" (\$\_\_\_\_\_ total)

**Please print (your badge will appear as below)**

First Name	Last name	Certifications or Licensure

**Contact information** (Your contact information will be published in the directory, unless otherwise specified.)

Day phone number (include area code)
Email address
Mailing address for certificate

- Please include my contact information in the Conference Program Attendee Directory
- I do not wish to include my contact information in the Conference Program Attendee Directory