Please complete all items on this registration form. Type or print legibly. The deadline for pre-registration is **February 9, 2018**. After that date, plan to register online or at the meeting site. Keep one copy of this completed form for your records. **Save money by registering prior to January 26, 2018!** (NOTE: All registrations must be received by mail on or before the January 26, 2018, deadline to receive the reduced rate.)

### Required Additional Information

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

Name __________________________  

Telephone Number __________________________  

Email __________________________

**DIETARY RESTRICTIONS** (i.e. vegetarian, vegan, Kosher, or food specific allergies).  
☐ Please note any dietary restrictions: __________________________

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

### Membership

Are you a current SRNT member?  
☐ Yes  ☐ No

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](http://www.srnt.org).

### Registration Fees

<table>
<thead>
<tr>
<th>Received on or before Jan. 26, 2018</th>
<th>Received after Jan. 26, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$519</td>
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<tr>
<td>Non-Member</td>
<td>$738</td>
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<tr>
<td>Student/Trainee Member</td>
<td>$217</td>
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<td>Student/Trainee Non-Member</td>
<td>$284</td>
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### One-Day Registration Fees

<table>
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<tr>
<th>Member</th>
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<tbody>
<tr>
<td>Non-Member</td>
<td>$359</td>
<td>$399</td>
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<tr>
<td>Student/Trainee Member</td>
<td>$160</td>
<td>$178</td>
</tr>
<tr>
<td>Student/Trainee Non-Member</td>
<td>$175</td>
<td>$194</td>
</tr>
</tbody>
</table>

### Which Day?

☐ Thursday, February 22  
☐ Friday, February 23  
☐ Saturday, February 24

### Attention Non-Members:

Did you know that if you pay the non-member registration fee to attend the conference, you may also get SRNT membership for one year? Contact membership@srnt.org after the conference and, if you meet the membership criteria and have paid the full non-member registration fee, SRNT can activate your membership. Please consider this special offer for membership in 2018!

### Registration Waiver (LMIC)

SRNT will waive the registration fee for members from low, lower-middle-, and upper-middle-income countries, as defined by the World Bank. A list of countries according to global economies is available at [http://www.srnt.org](http://www.srnt.org).

Low, Lower-Middle, Upper-Middle Income Country Member ☐ $0
Pre-Conference Workshops

Wednesday, February 21, 2018 – 8:30 a.m.-12:00 noon (running concurrently)

Check the workshop you are interested in attending below.

- Pre-Conference Workshop 1
  Introduction to the Multiphase Optimization Strategy (MOST) for Building More Effective, Efficient, Economical, and Scalable Behavioral and Biobehavioral Interventions

- Pre-Conference Workshop 2
  PATH Study Data and Resources (NIDA/FDA)

- Pre-Conference Workshop 3
  Alternative Careers for Individuals in Tobacco and Nicotine Research (SRNT Trainee Advisory & Basic Science Networks)

- Pre-Conference Workshop 4
  Adolescent & Young Adult Nicotine Dependence in the Contemporary Tobacco Landscape (SRNT Adolescent Network)

- Pre-Conference Workshop 5
  Innovations in Tobacco Treatment Research: New Treatments and Methodologies (SRNT Treatment Research Network)

- Pre-Conference Workshop 6
  Engaging Indigenous Communities in Tobacco Control Research (SRNT Health Disparities Network)

- Pre-Conference Workshop 7
  Today’s Smokers - New Challenges in a Changing Population

- Pre-Conference Workshop 8
  Sample Size Calculations for Observational and Experimental Studies in Tobacco Control

PLEASE NOTE: Each person registering for a Pre-Conference Workshop will receive one boxed lunch.

DIETARY RESTRICTIONS (i.e. vegetarian, vegan, Kosher, or food specific allergies).

- Please note any dietary restrictions: ________________________________

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 2017-2018 academic year at ____________________________.

Name of Supervisor ____________________________

Continuing Education Credits

Check the credits desired and add $150 per credit type. Applicants must complete and return the attendance record and any required post-tests to receive continuing education credit.

- Continuing Education for Psychologists (APA) - $150
- Continuing Medical Education Credits (CME) - $150
Payment
All fees are quoted in U.S. funds.

Registration Fee Total __________________USD
Pre-Conference Workshop Total __________________USD
Continuing Education Credit Total __________________USD
Conference Guest Registration __________________USD
International Travel Scholarship Fund (optional) __________________USD

Grand Total __________________USD
(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 check payable to SRNT – U.S. funds only; drawn from U.S. bank.)
☐ Mastercard/Visa /American Express

Credit Card Number ______________________________________________________________________
Credit Card Expiration Date ________________________________________________________________
CVV Code ______________________________________________________________________________
Cardholder Name (please print) ____________________________________________________________
Cardholder City/State _____________________________________________________________________
Cardholder Signature _____________________________________________________________________

NOTE: Prices change after January 26, 2018. If sending your registration by mail, please ensure our office receives your payment prior to this deadline! (No exceptions will be made.)

Billing Address

Name: _________________________________________________________________________________
Address: _______________________________________________________________________________
_______________________________________________________________________________________
City: _____________________________ State/Province: ________________________________________
Zip/Postal Code: ___________________ Country: ______________________________________________
Phone Number: _________________________________________________________________________

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

Society for Research on Nicotine & Tobacco (SRNT)
2424 American Lane, Madison, WI 53704 USA
Fax: +1-608-443-2474 or +1-608-443-2478
Website: www.srnt.org
Email: info@srnt.org

Questions? Contact the registrar:
Telephone: +1-608-443-2462
Email: registrar@srnt.org