



Please complete all items on this registration form. Type or print legibly. The deadline for pre-registration is **February 13, 2019**. 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 28, 2019!** (NOTE: All registrations must be received by mail on or before the **January 28, 2019**, deadline to receive the reduced rate.)

### Choose to register one of three ways:

1. MAIL: Post your registration form with payment to the SRNT Registrar, 2424 American Lane, Madison, WI 53704, USA.
2. FAX: Send your registration form with payment to +1-608-443-2474 or +1-608-443-2478.
3. ONLINE: Register on the SRNT website: [www.srnt.org](http://www.srnt.org) (click under 2019 Conference).

If you have not yet renewed your membership with SRNT, please go to [www.srnt.org](http://www.srnt.org) to renew today.

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

- Complete one form per registrant.
- Registration by telephone will not be accepted.
- Payment must accompany each registration form. International registrants must submit payment in U.S. dollars, drawn on a U.S. bank.
- Secure your hotel reservation using the SRNT online discounted hotel link, located on the 2019 SRNT Annual Meeting website.
- **Registration Confirmation:** If you do not receive a confirmation email within three weeks of registering, call the SRNT Office at +1-608-443-2462 to verify that your registration has been received.
- **Cancellation Policy:** Any Annual Meeting registration cancellation must be made in writing directly to SRNT. If received on or before February 13, 2019, SRNT will apply a \$50 USD administrative fee and refund the remainder of your registration fee after the meeting. After February 13, 2019, no refunds will be given. Walk-ins and replacements are always welcome.

### Contact/Badge Information

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

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

Last Name/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

**Photo Release:** I acknowledge that SRNT may take photos at the annual meeting, and place them on the SRNT website.

### 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

Gluten-Free  Vegetarian  Vegan  Kosher  Nut Free

### SPECIAL ASSISTANCE

SRNT is committed to ensuring that the Annual Meeting is fully accessible to all persons. If you have a specific accessibility requirement, please email [info@srnt.org](mailto:info@srnt.org), and every attempt will be made to accommodate your request.

### 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>.

### Registration Fees

	Received on or before Jan. 28, 2019	Received after Jan. 28, 2019
Member	<input type="checkbox"/> \$519	<input type="checkbox"/> \$576
Non-Member	<input type="checkbox"/> \$738	<input type="checkbox"/> \$820
Student/Trainee Member	<input type="checkbox"/> \$217	<input type="checkbox"/> \$241
Student/Trainee Non-Member	<input type="checkbox"/> \$284	<input type="checkbox"/> \$315

### One-Day Registration Fees

Member	<input type="checkbox"/> \$340	<input type="checkbox"/> \$378
Non-Member	<input type="checkbox"/> \$359	<input type="checkbox"/> \$399
Student/Trainee Member	<input type="checkbox"/> \$160	<input type="checkbox"/> \$178
Student/Trainee Non-Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$194

Which Day?  Thursday, February 21  
 Friday, February 22  
 Saturday, February 23

**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](mailto: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 2019!

### 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>.

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

## Pre-Conference Workshops

Wednesday, February 20, 2019 • 8:30 a.m.-11:30 a.m. (running concurrently)

Received on or before Jan. 28, 2019    Received after Jan. 28, 2019

Member: 1 half-day workshop	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120
Non-Member: 1 half-day workshop	<input type="checkbox"/> \$120	<input type="checkbox"/> \$135
Student/Trainee Member: 1 half-day workshop	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65
Student/Trainee Non-Member: 1 half-day workshop	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
LMIC Member: 1 half-day workshop	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

Check the workshop you are interested in attending below.

- Pre-Conference Workshop 1**  
Practical Considerations in Designing and Implementing Web Surveys for Rapid-Response Surveillance
- Pre-Conference Workshop 2**  
An Insider's Guide to Conducting Tobacco Control Research and Interventions Among Sexual and Gender Minority Populations: Challenges Met and Unmet
- Pre-Conference Workshop 3**  
Countering the JUUL epidemic among youth: Regulatory and Educational Strategies
- Pre-Conference Workshop 4**  
Understanding Tobacco Use Trends: Leveraging Harmonized Data from the U.S. Tobacco Use Supplement – Current Population Survey, 1992-2015
- Pre-Conference Workshop 5**  
Authorship and Grantmanship for Early Career Investigators in Tobacco and Nicotine Research
- Pre-Conference Workshop 6**  
Recruiting and retaining adolescents in tobacco control research: Challenges and opportunities
- Pre-Conference Workshop 7**  
An Update to the Basics: Current Approaches for Measuring and Understanding Key Individual Differences and Cessation Outcomes
- Pre-Conference Workshop 8**  
Implementing Precision Medicine in Smoking Cessation: Patients, Providers, Policy, and More

**PLEASE NOTE:** Registration includes the morning coffee refreshment break. Attendees will be responsible for lunch on their own in San Francisco!

## 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 2018-2019 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

## Conference Guest Registration

Received on or before Jan. 28, 2019    Received after Jan. 28, 2019

Guest\*  \$89     \$99  
Guest Full Name \_\_\_\_\_

\* The guest fee includes admittance to the opening reception and one general or plenary session.

### GUEST DIETARY RESTRICTIONS

- Gluten-Free     Vegetarian     Vegan     Kosher     Nut Free

## Non-Members

**If you are interested in joining SRNT and receiving the member-discounted registration fee, please complete and return a membership application with this registration form. You can find a downloadable application on our website, [www.srnt.org](http://www.srnt.org). Click on the "Membership" tab, then click on the "Downloadable Membership Application" link at the end of the first section of text.**

## Tobacco Industry Affiliation

Please place a check mark next to the correct statement:

- I am employed by a company or business defined by WHO as part of the tobacco industry, specifically tobacco manufacturers, wholesale distributors and/or importers of tobacco products.
- I am not employed by a company or business defined by WHO as part of the tobacco industry, specifically tobacco manufacturers, wholesale distributors and/or importers of tobacco products.

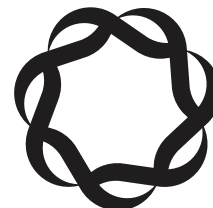
## International Travel Scholarship Fund

Please consider making a donation to the International Travel Scholarship Fund, which allows SRNT to support presenters who come to the meeting from outside North America. The more funds that are raised, the more scholarships SRNT is able to offer. U.S. donations are tax deductible. Thank you for your generous support of this important initiative!

\$50     \$100     Other \$ \_\_\_\_\_

## Privacy Policy

By submitting this form to SRNT, you are agreeing to SRNT's privacy policy. To view the policy, please visit: [https://www.srnt.org/resource/resmgr/srnt\\_privacy\\_policy\\_05232018.pdf](https://www.srnt.org/resource/resmgr/srnt_privacy_policy_05232018.pdf)



# SRNT

## 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
<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 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 28, 2019. 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  
Telephone: +1-608-443-2462  
Fax: +1-608-443-2474 or +1-608-443-2478  
Website: [www.srnt.org](http://www.srnt.org)  
Email: [info@srnt.org](mailto:info@srnt.org)

