## **REGISTRATION FORM**

**Society for Birth Defects Research and Prevention** 66th Annual Meeting • June 14-17, 2026 • Washington, DC

For Office Use Only						
Date Received:						
Input: Initials:						

Please print or type: Member	Nonmember (Please check the appropriate box.)							
Name:								
Organization:								
Address:								
City/State/Zip/Country:								
Telephone Number:	Mobile Phone Number:			Email:				
Registration Fees:				Early Bird	Advance	Regular		
Member				(by 3/15) \$725	(3/16-5/15)	(after 5/15) \$850	\$	
Emeritus Member				\$625	\$700	\$750	\$	
Member Joint DNTS Registration				\$TBA	\$TBA	\$TBA	\$	
Nonmember*				\$885	\$960	\$1,010	\$	
1-Day Federal Government Employee—	Mon. 6/15,	Tues. 6/16,	Wed. 6/17	\$400	\$400	\$400	\$	
Student/Postdoctoral Fellow/Trainee				\$200	\$275	\$325	\$	
Additional Items:								
Education Course: Placental Pathology and A	ssociated Toxic	ological Models	s					
Member						\$275	\$	
Emeritus Member						\$200	\$	
Nonmember						\$350	\$	
Federal Government Employee						\$275	\$	
Student/Postdoctoral Fellow/Trainee						\$75	\$	
Evening Guest Pass (access to two evening	g poster sessio	ns and the aw	ards reception	)		\$150	\$	
			•	•				
Method of Payment:		Term	ns and Con	nditions:				
Registration Fee \$		The ann	nual meeting will	take place at the <u>Hil</u>	con Washington DO	C National Mall The W	<u>Vharf</u> in	
	AL DUE					26. The Education Co ncement of the annu		
Evening Guest Pass \$ \$						cancellation requ	_	
Please make all checks payable to		• Requ	iests for refunds i	must be received at	BDRP Headquarter	rs (HQ@BDRP.org) in		
Society for Birth Defects Research a Prevention in US currency.		• A 50	ou processing fee % refund will be is e will be no refun	is charged if cancele ssued if canceled be ds after May 15.	ween April 2 and	May 15.		
Government Purchase Order #:	<del></del>	l agree	to adhere to the f	following policies po	sted on the BDRP	website:		
(Government PO Form must be attached.)			<ul> <li>BDRP Privacy Policy</li> <li>BDRP Guidelines for Ethical Publication and Presentation of Scientific Information and Data</li> </ul>					
Check or Money Order #:				Event Standards of Be			Turia Bata	
Mastercard Visa Amex	Discover	 Signatu	re:					
Credit Card #:		Printed	Name:					
Exp. Date: CW Code:			* Payment of the full Nonmember registration fee includes 2026 membership dues, if a Regular or Associate membership application is received by July 31. Apply for membership online at <a href="https://www.birthdefectsresearch.org">www.birthdefectsresearch.org</a> .					
Cardholder's Printed Name:	-	_	representation	, , , ,	, ,	<u> </u>		
Caranologi 5 i illited Ivallie.				th remittance to: ts Research and Pre	vention	will be accepted by th until June 1. After Jun		
Signature:		11190	Sunrise Valley D	rive, Suite 300, Rest	on, VA 20191		to register online.	
			Register online at www.birthdefectsresearch.org/meetings/2026/					
If cardholder is different from registrant, p		Ouestions? Contact BDRP HO						

cardholder's telephone number:

Questions? Contact BDRP HQ Tel: 703.438.3104 | Email: HQ@BDRP.org.