

## Guest Pass Order Form

Guest passes must be purchased by a full-paying Congress registrant for his or her guest. The guest pass fee will cover entrance to the commercial exhibit hall ONLY.

Make checks payable to ONS and return this form with your official 2005 Congress registration form to the Oncology Nursing Society, P.O. Box 3500, Pittsburgh, PA 15230-3500.

Name of Congress registrant \_\_\_\_\_

Name of guest \_\_\_\_\_

Name as GUEST would like it to appear on name badge \_\_\_\_\_

Cost: (please check one of the following):     \$5 per day     \$10 for three days

Please check day(s) during which the guest pass will be used:

April 28, 2005                       April 29, 2005                       April 30, 2005

If you are using a credit card, please complete the following:

Visa                       MasterCard                       American Express                       Discover

Card number \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_