

Important Instructions

HOW TO COMPLETE THE REGISTRATION FORM

Please use the official Congress registration form to register for the event. Complete the entire form before submitting it to ONS. All information, including registration, is also available at www.ons.org.

SECTION 1: YOUR INFORMATION

Please provide us with your contact information. Attention ONS Members: Although ONS requests your work affiliation and work address on this registration form, all meeting confirmations will be sent to your preferred address, which you identified when you became a member. If you are uncertain which address is your preferred address, contact ONS Customer Service toll free at 866-257-4ONS (412-859-6100) or by e-mail at customer.service@ons.org. For information on attending the ONS/Schering Oncology/Biotech Clinical Lecture, see page 5.

SECTION 2 and 3: OPTIONAL – PRECONFERENCE EDUCATIONAL PROGRAMMING

Please complete these sections only if you'd would like to attend any of the optional preconference programming on April 26 or 27. If you choose to attend Pre-Congress sessions in section 3, indicate your first, second, and third choices on the registration form. You cannot attend since their scheduled times will conflict with one another.

SECTION 4: CHOOSE YOUR REGISTRATION CATEGORY

Please select the appropriate registration category and fee. **Register by March 22, 2005, and save \$100 off the on-site registration fee.** This discount is already included in the Early-Bird Registration fee. If you are not a member of ONS but would like to join to take advantage of the New Member pricing for this conference (equivalent to the current member pricing), you can do so by selecting "Active Membership" in section 5 of the registration form. If you do not wish to join ONS at this time, you will need to register for Congress as a nonmember.

SECTION 5: JOIN ONS

If you are not an ONS member but are interested in becoming one, please select the appropriate membership category. To take advantage of the "New Member" registration fee (section 5), you must select "Active Membership." If you do not wish to become an ONS member, you must select the "Nonmember" registration fee in section 5. There is no need to submit an ONS membership application—Simply choose your desired membership category on the registration form. You will receive complete information welcoming you as an ONS member within a week after your registration is processed.

SECTION 6: YOUR PAYMENT INFORMATION

Please add the selected fees from sections 2, 3, 4, and 5 to calculate the total due to ONS. Please select your method of payment. If paying by check, make payable to the Oncology Nursing Society and include the check number in the area provided. You must mail your registration with payment to ONS if you are paying by check. If paying by credit card, please select the card type and include the card number, expiration date, and the name as it appears on the card. Registrants paying by credit card can fax their registration to ONS at 877-369-5497 or 412-859-6162 or mail it to the address provided on the registration form or register online at www.ons.org. If you are paying with an ONS gift certificate, please include the original certificate when submitting your registration fee. You must mail your registration to ONS when using a gift certificate.

SECTION 7: SUBMIT YOUR REGISTRATION

Simply submit your registration with payment using the methods provided on the registration form. Faxed and online registrations require credit card payment. If you are faxing your application, please do not mail originals or a duplicate copy to the ONS National Office. Please note: The advanced registration deadline is April 12, 2005. After this date, you must pay the final registration fee. Registrations will not be accepted at the ONS office after April 21, 2005. If you wish to register after this date, you must do so on site.

REFUND POLICY

Refunds will be made in full (less a \$20 processing fee) when requested before March 22, 2005. Fifty percent refunds will be made when requested between March 23, 2005, and April 12, 2005. No refunds will be made after April 12, 2005. Please note that refunds will be processed 4–6 weeks after the actual Congress takes place.

REGISTRATION INFORMATION

Registrations will not be accepted at the ONS National Office after April 21, 2005. If you wish to register after that date, please do so on site.

CONFIRMATION INFORMATION

You will automatically receive confirmation 4–6 weeks after ONS processes your registration. For ONS members, this confirmation will be sent to the preferred address you specified when you became a member or renewed your membership. Nonmembers will receive confirmation at the address provided on the registration form. If you are uncertain which address is your preferred address, please contact ONS Customer Service toll free at 866-257-4ONS (412-859-6100) or by e-mail at customer.service@ons.org.

Quick Tip: Bring your cancelled check or registration confirmation to Congress to avoid any possible confusion.

2005 Official Congress Registration Form

Please type or print and complete the entire form. After April 21, you must register on site. Complete information is also available at www.ons.org.

Office use only
Date Rec'd _____ Amount _____
Check #/Type _____

1. Your Information

Last name _____ Middle Initial _____ First name _____

Job title _____

Work affiliation _____

Work address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

ONS membership # _____

- Check here if you do not want the above address and e-mail updated for future e communication with ONS, ONCC, OES, and the ONS Foundation.
- Check here if you would like to attend the ONS/Schering Lecture. The first 1,000 paid registrants will receive a ticket for admission. See www.ons.org for details.
- Check here if this is your first Congress.

2. (Optional) In-Depth Review/Training Sessions* (Registration due March 11)

See page www.ons.org for details. You cannot attend programs from both sections 2 and 3 since their scheduled times will conflict with one another.

OCN® Review Course members: \$299 nonmembers: \$395

AOCNP/AOCNS Review Course members: \$299 nonmembers: \$395

ONS Chemotherapy and Biotherapy Course members: \$299 nonmembers: \$395

ONS Radiation Therapy Course members: \$165 nonmembers: \$260

Space is extremely limited for these courses. Please register early to ensure your spot. Also, please note that tuition includes comprehensive course handouts as well as meals (when applicable).

3. (Optional) Pre-Congress Sessions

See www.ons.org for details. You cannot attend programs from both sections 2 and 3 since their scheduled times will conflict with one another.

Members (all categories): Full day = \$125 Half Day = \$75

Nonmembers: Full day = \$175 Half Day = \$125

What Pre-Congress Sessions Would You Like to Attend?

Please indicate your first, second, and third choices of the Pre-Congress Sessions you would like to attend. Place an "X" in the box to specify your choices.	1st Choice	2nd Choice	3rd Choice
All Day Session 1: Focus on Safety: Strategies to Reduce Harm to Patients and Nurses			
All Day Session 2: Pharmacotherapeutics for Palliative Care			
Half Day PM Session 3: The Power of Partnerships			
Half Day PM Session 4: Management of Medical Problems in the Oncology Patient			
Half Day PM Session 5: Care of the Adolescent and Young Adult Patient With Cancer			
Half Day PM Session 6: Staffing: Current Perspective			
Half Day PM Session 7: Priority Symptom Management (Comp/Alt Med)			
Half Day PM Session 8: A Targeted and Biological Therapy Primer			



For special assistance, contact the Oncology Nursing Society.

4. Choose Your Registration Category

Register by March 22 and save \$100! Discount already included in Early-Bird Registration fee.	EARLY-BIRD REGISTRATION registrations received by March 22, 2005	ADVANCED REGISTRATION registrations received from March 23-April 12, 2005	FINAL REGISTRATION registrations received after April 12, 2005	DAILY REGISTRATION
Current Member/Associate Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425	<input type="checkbox"/> 4/28 \$150 <input type="checkbox"/> 4/29 \$150 <input type="checkbox"/> 4/30 \$150 <input type="checkbox"/> 5/1 \$75
New Member (you must select "Active Membership" in section 4 below to take advantage of this special price).	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425	<input type="checkbox"/> 4/28 \$150 <input type="checkbox"/> 4/29 \$150 <input type="checkbox"/> 4/30 \$150 <input type="checkbox"/> 5/1 \$75
Nonmember	<input type="checkbox"/> \$450	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550	<input type="checkbox"/> 4/28 \$190 <input type="checkbox"/> 4/29 \$190 <input type="checkbox"/> 4/30 \$190 <input type="checkbox"/> 5/1 \$95
Students¹, Retired Nurses², or Physically Challenged RNs³	<input type="checkbox"/> \$162	<input type="checkbox"/> \$200	<input type="checkbox"/> \$212	<input type="checkbox"/> 4/28 \$75 <input type="checkbox"/> 4/29 \$75 <input type="checkbox"/> 4/30 \$75 <input type="checkbox"/> 5/1 \$38

1. Students must submit verification from dean indicating full-time student status with this registration form.
 2. Retired Nurses must be 65 years of age or older.
 3. Individuals who meet the criteria for active membership but are on full-time disability may register as Physically Challenged RNs. They receive the same membership benefits as active members.

5. Join ONS

Nonmembers: In order to take advantage of the special "New Member" price (in sections 2, 3, and 4), you must select "Active Membership." If you do not wish to become an ONS member, then you must select the "Nonmember" registration fee in sections 2, 3, and 4.

Active Membership (only registered nurses are eligible) \$93

Student Membership (only full-time students are eligible) \$46

Senior Registered Nurse (65 years of age or older) \$46

Physically Challenged RN (RNs who qualify for active membership and receive long-term disability benefits) \$46

Associate Membership (only non-RN healthcare professionals are eligible) \$93

6. Your Payment Information

Grand Total (please add the selected fees from sections 2, 3, 4, and 5) \$ _____

Method of Payment

Check (made payable to Oncology Nursing Society): Check Number _____

ONS Gift Certificate # _____ (must mail original certificate with registration)

Credit Card: Visa MasterCard American Express Discover

Card number _____ Exp. date _____

Name as it appears on credit card _____

Signature _____

7. Submit Your Registration (advanced registration deadline is April 12)

Mail to: Oncology Nursing Society **Fax to: 877-369-5497** (toll free, U.S. & Canada)

P.O. Box 3500 **412-859-6162** (fax)

Pittsburgh, PA 15230-3500 (taxed registrations require credit card payment)

866-257-4ONS or 412-859-6100