

## 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 2006 Congress registration form to the Oncology Nursing Society, P.O. Box 3500, Pittsburgh, PA 15230-3500.

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

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

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:

May 4, 2006

May 5, 2006

May 6, 2006

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 \_\_\_\_\_