



Oncology Nursing Society  
31<sup>st</sup> Annual congress  
May 4-7, 2006  
Boston Convention Center

## Media Credential Registration Form

Media credentials and access to the Press Room are reserved for working members of the media employed by established news organizations. Press badges and conference materials will be issued to journalists who submit documentation:

**Publisher (one per publication):** please submit a business card from an established publication containing your editorial title.

**Editor (all levels):** please submit a business card from an established publication containing your editorial title.

**Print or broadcast reporter, producer, photographer, camera crew:** please submit a business card or photocopy/fax of current press identification card.

**Freelance writer:** please submit an original letter containing specific assignment from managing editor.

Note: In accepting ONS's press badge, the freelance writer agrees to provide ONS within 30 days of publication, a copy or web link to an article(s) written about the conference attended.

**All documentation must accompany this application. All media registrants are subject to qualification. ONS reserves the right to refuse media credentials to any individual at its discretion.**

**Please submit registration form with appropriate documentation by April 21, 2006 to:**

Karen Hochberg, Public Relations Manager, Oncology Nursing Society, 125 Enterprise Drive, Pittsburgh, PA 15275 or  
FAX: 412-859-6163 or  
EMAIL; [khochberg@ons.org](mailto:khochberg@ons.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Employer \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country (if not US) \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

Your name and affiliation as you would like it to appear on your badge

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Professional Credentials (initials) \_\_\_\_\_

Position or Title \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country (if not from US) \_\_\_\_\_