

ONS 31st Annual Congress Official 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.

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

Last name _____ MI _____ First name _____
 Work affiliation _____
 Work address _____
 City _____ State _____ Zip _____
 Phone (H) _____ (O) _____
 Fax _____ E-mail _____ ONS ID# _____

- Check here if you do not want the above address updated for future communications with ONS, ONCC, OES, and the ONS Foundation.
 I would like to attend the ONS/Schering Lecture. A limited number of tickets will be placed in registration packets on a first-come, first-served basis.

2. Optional In-Depth Review/Training Sessions* (see www.ons.org for details)

- | | | |
|---|--|---|
| <input type="checkbox"/> OCN® Review | <input type="checkbox"/> member: \$299 | <input type="checkbox"/> nonmember: \$395 |
| <input type="checkbox"/> AOCNP/AOCNS Review | <input type="checkbox"/> member: \$299 | <input type="checkbox"/> nonmember: \$395 |
| <input type="checkbox"/> Chemotherapy/Biotherapy Course | <input type="checkbox"/> member: \$299 | <input type="checkbox"/> nonmember: \$395 |
| <input type="checkbox"/> Radiation Therapy Course | <input type="checkbox"/> member: \$189 | <input type="checkbox"/> nonmember: \$260 |
| <input type="checkbox"/> Leadership SPA | <input type="checkbox"/> member: \$150 | <input type="checkbox"/> nonmember: \$200 |

*These courses will be held May 2 and/or 3. More information is available at www.ons.org. Space is limited. Tuition includes comprehensive handouts as well as some meals, coffee, and water.

3. Optional Pre-Congress Sessions (see www.ons.org for details)

- Members (all categories)** Full day \$140 Half day \$85
Nonmembers Full day \$200 Half day \$135

*Pre-Congress sessions will be held May 3. More information is available at www.ons.org. Space in pre-Congress sessions is limited. Please indicate your first, second, and third choices. ONS will do everything it can to accommodate your choices. You will get your tickets on site with your conference materials.

What Pre-Congress Sessions Would You Like to Attend?			
Indicate your 1st, 2nd, and 3rd choices.	1st	2nd	3rd
All day 1: Complementary and Alternative Medicine Primer for Oncology RNs			
All day 2: Pharmacology Update			
All day 3: Chemotherapy: It's Not Just for Cancer Anymore			
Half day 4: How to Construct Great Tests			
Half day 5: Pain Management Resource Nurse Programs			
Half day 6: Chemotherapy and Biotherapy Renewal Course			
Half day 7: The ABCs of Stem Cell Transplant: What Every Oncology Nurse Needs to Know			
Half day 8: Oncology Nursing in a Private Setting			
Half day 9: Meet the Families of Targeted Therapies: The HERs, VEGFs, RASs, MMPs, RAFs & AKTs			

4. Optional ONS Foundation Programming** (see www.ons.org for details)

ONS Foundation/Pfizer Fun Run/Walk and Wheelchair Race (May 6, 6:30 am, Castle Island Recreation Area) \$15

Please check your shirt size if participating in the Fun Run M L XL

Release from Liability for ONS Foundation/Pfizer Fun Run/Walk and Wheelchair Race

I, by registering for this event, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in a 5K run or walk, including possible permanent disability or death, and agree to assume all those risks.

I hereby waive any and all rights to claims for loss or damage arising out of participation in the ONS Foundation/Pfizer Fun Run/Walk & Wheel or any activities incident thereto against Pfizer Oncology, Off in Running Tours, the ONS Foundation, the Oncology Nursing Society, DMSE, Department of Conservation and Recreation (DCR), subcontractors and vendors, or any individual officiating or supervising such activities as a condition of my participation in this event on Saturday, May 6, 2006, in Boston, MA.

ONS Foundation Gala Event (May 4, 8 pm, Seaport Hotel; space is limited; early registration is encouraged) \$ _____
 (visit the Congress area of www.ons.org for details)

- \$100 (basic ticket) \$500-\$999 (preferred seating) \$1,000-\$2,499 (pre-gala/gala) \$2,500+ (pre-gala/gala individual table)

**Fees paid for activities in section 4 of this form are tax deductible.

5. Choose Your Registration Category

Register by March 22 and save \$100! Discount already included in Early-Bird Registration fee.	EARLY-BIRD REGISTRATION	ADVANCED REGISTRATION	FINAL REGISTRATION	DAILY REGISTRATION
	registrations received by March 22, 2006	registrations received from March 23–April 12, 2006	registrations received after April 12, 2006	
Current Member/Associate Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475	<input type="checkbox"/> 5/4 \$165 <input type="checkbox"/> 5/5 \$165 <input type="checkbox"/> 5/6 \$165 <input type="checkbox"/> 5/7 \$80
New Member (you must select "Active Membership" in section 6 below to take advantage of this special price).	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475	<input type="checkbox"/> 5/4 \$165 <input type="checkbox"/> 5/5 \$165 <input type="checkbox"/> 5/6 \$165 <input type="checkbox"/> 5/7 \$80
Nonmember	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> 5/4 \$205 <input type="checkbox"/> 5/5 \$205 <input type="checkbox"/> 5/6 \$205 <input type="checkbox"/> 5/7 \$100
Students¹, Senior RN², or Physically Challenged RNs³	<input type="checkbox"/> \$187	<input type="checkbox"/> \$225	<input type="checkbox"/> \$237	<input type="checkbox"/> 5/4 \$82 <input type="checkbox"/> 5/5 \$82 <input type="checkbox"/> 5/6 \$82 <input type="checkbox"/> 5/7 \$40

- Students must submit verification from dean indicating full-time student status with this registration form.
- Senior RNs must be 62 years of age or older.
- 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.

6. Join ONS

Nonmembers: In order to take advantage of the special Member or "New Member" price (in sections 2, 3, & 5), 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, & 5.

- Active Membership** (only registered nurses are eligible) \$93
Student Membership (only full-time students are eligible) \$46
Senior Registered Nurse (62 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

7. Your Payment Information

Grand Total (please add the selected fees from sections 2, 3, 4, 5, & 6) \$ _____

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 _____

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

Mail to: Oncology Nursing Society
 P.O. Box 3500
 Pittsburgh, PA 15230-3500
 866-257-40NS or 412-859-6100

Fax to: 877-369-5497 (toll free, U.S. & Canada)
412-859-6162 (fax)
 (faxed registrations require credit card payment)