

ONS 32nd Annual Congress Official Registration Form

Please type or print and complete the entire form. Complete information is available at www.ons.org. Registrations won't be accepted at the office after April 9.

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

1. Your Information

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, ONSEDE, and the ONS Foundation.
 I would like to attend the ONS/Schening Lecture. The first 1,000 registrants will receive tickets with their confirmation materials.

2. 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 Monday, April 23. 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 in the mail with other important conference materials prior to the event.

What Pre-Congress Sessions Would You Like to Attend?

	1st	2nd	3rd
Pre-Congress Session 1: A Complementary and Alternative Medicine Primer (all day)			
Pre-Congress Session 2: Pharmacology Update (all day)			
Pre-Congress Session 3: Evidence-Based Approach to Care and Management of VADs (half day am; repeats in pm)			
Pre-Congress Session 4: Occupational Risks in Oncology Health Settings (half day am)			
Pre-Congress Session 5: Staffing: Current Perspective (half day pm)			
Pre-Congress Session 6: Interpreting Peripheral Blood Smears: Applications to Advanced Practice (half day pm)			
Pre-Congress Session 7: Intraperitoneal Chemotherapy and Ovarian Cancer (half day pm)			
Pre-Congress Session 8: Living Beyond Cancer: What Oncology Nurses Need to Know (half day am)			

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

ONS Foundation/Pfizer Oncology Fun Run/Walk and Wheelchair Race (April 26; 6:30 am) \$20

Please indicate which part of the event you will be participating in: Run Walk Wheel
 Check your shirt size if participating in the Fun Run. M L XL

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

In consideration of this entry acceptance, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, by signing below, I hereby waive and release, for myself, my heirs, executors and administrators, any and all rights and claims against ONS and its affiliates, Pfizer Oncology, Mandalay Bay Resort, Off 'N Running Tours, Tri-a Run, Clark County of Nevada, Las Vegas Metropolitan Police Dept. and any individual or organization associated with the 5K run for any and all injuries, damages, losses, liabilities and/or costs of any kind sustained by me during or related to the event, even if caused by the negligence of any of the persons, corporations, entities or organizations set forth herein. I also certify, by signing below, that all information provided in this form is true and complete. I further certify, by signing below, that I have received and read the entry information related to the event and that I am in full compliance with such information.

*Fees paid for activities in section 3 of this form are tax deductible.

Signature _____

4. Choose Your Registration Category

Register by March 12 and save \$100! <small>Discount already included in Early-Bird Registration fee.</small>	EARLY-BIRD REGISTRATION registrations received by March 12.	ADVANCED REGISTRATION registrations received from March 13-March 26.	FINAL REGISTRATION registrations received after March 26.	DAILY REGISTRATION
Current Member/Associate Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475	<input type="checkbox"/> 4/24 \$165 <input type="checkbox"/> 4/25 \$165 <input type="checkbox"/> 4/26 \$165 <input type="checkbox"/> 4/27 \$80
New Member (you must select "Active Membership" in section 5 below to take advantage of this special price).	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475	<input type="checkbox"/> 4/24 \$165 <input type="checkbox"/> 4/25 \$165 <input type="checkbox"/> 4/26 \$165 <input type="checkbox"/> 4/27 \$80
Nonmember	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> 4/24 \$205 <input type="checkbox"/> 4/25 \$205 <input type="checkbox"/> 4/26 \$205 <input type="checkbox"/> 4/27 \$100
Students¹, Senior RN², or Physically Challenged RNs³	<input type="checkbox"/> \$187	<input type="checkbox"/> \$225	<input type="checkbox"/> \$237	<input type="checkbox"/> 4/24 \$82 <input type="checkbox"/> 4/25 \$82 <input type="checkbox"/> 4/26 \$82 <input type="checkbox"/> 4/27 \$40

1. Students must submit verification from dean indicating full-time student status with this registration form.
 2. Senior RNs must be 62 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 Member or "New Member" price (in sections 2, 3, 4, & 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, 4, & 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

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 March 26)

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)