



### 1. Your Information

Last \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 ONS ID# \_\_\_\_\_ Job title \_\_\_\_\_  
 Work place \_\_\_\_\_  
 Work address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 What pronouns do you use?  
 He/Him  She/Her  They/Them  Prefer not to say  
 Prefer to self-describe: \_\_\_\_\_  
 I need a visa letter to attend the conference.

### 2. Choose Your Registration Category

Register by March 9, 2023 to save!	EARLY BIRD	FINAL	DAILY
Member/Associate Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$725	<input type="checkbox"/> 4/27 • \$260 <input type="checkbox"/> 4/28 • \$260 <input type="checkbox"/> 4/29 • \$260 <input type="checkbox"/> 4/30 • \$130
Nonmember	<input type="checkbox"/> \$835	<input type="checkbox"/> \$1,005	<input type="checkbox"/> 4/27 • \$368 <input type="checkbox"/> 4/28 • \$368 <input type="checkbox"/> 4/29 • \$368 <input type="checkbox"/> 4/30 • \$195
*Students/Retired Members	<input type="checkbox"/> \$305	<input type="checkbox"/> \$365	<input type="checkbox"/> 4/27 • \$130 <input type="checkbox"/> 4/28 • \$130 <input type="checkbox"/> 4/29 • \$130 <input type="checkbox"/> 4/30 • \$65

\*Only full-time students working toward an RN are eligible for the Student rate. Retired RNs must be at least 70 years old. Early-career professionals are those who have held their RN license for five years or less. Customers who join or register at the discounted rates who are ineligible will be invoiced the difference.

### 3. Join or Renew Your Membership (Optional)

Select the statement that best describes you.	1 Year
I am a Registered Nurse.	<input type="checkbox"/> \$125
I am a full-time student working towards my RN.	<input type="checkbox"/> FREE
I've been a Registered Nurse for five years or less.	<input type="checkbox"/> \$94
I am a Registered Nurse who is 70 or older.	<input type="checkbox"/> \$75
I am a nursing professional such as a nursing assistant, research assistant, or other nursing support staff.	<input type="checkbox"/> \$75
I am a healthcare professional such as a physician, pharmacist, or industry employee.	<input type="checkbox"/> \$200



## 2023 REGISTRATION FORM

### 4. Discounted Hotel Reservations (Optional)

All reservations must be held with a credit card guarantee valid through May 2023. This guarantee is for arrival only, and a form of payment will be required upon check-in. No checks will be accepted for hotel payment. Reservation changes and/or cancellations are accepted online or in writing via email to ONSOC@maritz.com until March 31. No cancellations will be taken over the phone. From April 1–3, changes are accepted on a space available basis. After April 3, conference reservation information will be transferred to the hotel. Please allow the hotel up to 48 hours to have full access to your reservation. If you would like to make any changes or request your hotel confirmation number, please contact the hotel after April 5. Cancellation policies vary per hotel.

#### Headquarter Hotels

##### Grand Hyatt San Antonio

- Single/Double: \$330.40
- Triple: \$359.59
- Quad: \$388.78

Cancellations must be received a minimum of 72 hours to arrival to avoid a penalty charge of one night's room and tax.

##### San Antonio Marriott Rivercenter

- Single/Double: \$337.41

Cancellations must be received a minimum of 72 hours to arrival to avoid a penalty charge of one night's room and tax.

Hotel rates are per night and include current taxes and fees.  
 For more nearby hotel options, visit [ons.org/congress](http://ons.org/congress).

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_

List the names of those you will be sharing a room with (if applicable).

Guest \_\_\_\_\_

Guest \_\_\_\_\_

Guest \_\_\_\_\_

### 5. Your Total

Sec. 2	\$
Sec. 3	\$
Sec. 4	\$
Total	

### 6. ONS Congress Terms and Conditions (Required)

I have read and agree to the [ONS Congress Terms and Conditions](#), which include an arbitration agreement, a waiver of my right to bring a class action, and a liability waiver and release of claims. I intend that checking this box will have the same legal effect as if my signature were affixed to the [ONS Congress Terms and Conditions](#).

I have read and accept the [Privacy Policy](#), the [ONS Website Terms of Use](#), and consent to the given information being used to contact me about ONS Congress.

#### OFFICE USE ONLY

Code: **CO23PDF**

Date Rec'd \_\_\_\_\_ Amount \_\_\_\_\_

Check #/Type \_\_\_\_\_

### 7. Special Accommodations

Pursuant to the Americans with Disabilities Act, I require special accommodations at the event location and/or hotel. Please indicate type of accommodations below:

- Auditory  Mobility  Visual

Please provide further information, if needed: \_\_\_\_\_

### 8. Your Payment Information

- Check (made payable to Oncology Nursing Society) Check # \_\_\_\_\_

- ONS gift certificate # \_\_\_\_\_ (include w/registration form)

- Credit card\*  Visa  MC  AmEx  Discover

Card number \_\_\_\_\_

Exp. date \_\_\_\_\_ CVVC# \_\_\_\_\_

Name as it appears on card (print) \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Cardholder phone \_\_\_\_\_

\*Credit card information is required to guarantee your hotel reservation.

### Refund Policy

If you wish to cancel your ONS Congress registration, you must notify ONS by sending your request via email to [help@ons.org](mailto:help@ons.org). Refunds will be made in full (less a \$100 processing fee) when requested on or before March 9, 2023. Fifty percent refunds will be made (less a \$100 processing fee) when requested from March 10 through March 31, 2023. No refunds issued after March 31, 2023.

### Submit Your Registration Now!

**Fax\*\***

330-425-4983

**Mail\*\***

Mail Stop 125  
 1375 N. Highway Dr.  
 Fenton, MO 63099

### Phone

866-257-4ONS (toll-free, U.S. and Canada)  
 412-859-6100 (select option 2 for Customer Relations)  
 Housing Inquiries: (864) 641-6757

\*\*Please mail or fax forms that contain credit card information.