



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. Group Registration Pricing*

Register by March 9, 2023 to save!	EARLY BIRD	FINAL
Member/Associate Member	<input type="checkbox"/> \$535.50	<input type="checkbox"/> \$652.50
Nonmember	<input type="checkbox"/> \$751.50	<input type="checkbox"/> \$904.50

*Discounted pricing is only available for member and nonmember full conference registration. Additional registration options are available at ons.org/congress.

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 GROUP REGISTRATION FORM

Please submit this form via fax only. Valid one per customer toward the purchase of a full conference registration only. Not valid with any other offers or discounts. Offer valid for groups of 10 or more only and should not be forwarded or transferred to other customers or institutions. **Please submit all (10+) group registration forms at once.** If you have questions, contact ONS Customer Relations at 866-257-4ONS.

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.

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: **CO23GRP**

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. 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.