49TH ANNUAL ONS Congress | IGNITE the EXTRAORDINARY

2024 REGISTRATION FORM

1. Your Information

Last _____

First _____ MI_____

ONS ID#_____

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: _____

Do you want your pronouns displayed on your badge? ❑ Yes ❑ No

❑ I need a visa letter to attend the conference.

My contact information may be released to third-party organizations such as conference satellite symposia sponsors and other organizations offering both ONS Congress and non-ONS Congress events, promotions, or information. ❑ Yes ❑ No

Is this your first time attending ONS Congress? ❑ Yes ❑ No

2. Choose Your Registration Category

Register by March 7, 2024 to save!	EARLY BIRD	FINAL	DAILY
Member/Associate Member	❑ $625	❑ $760	❑ 4/25 • $270 ❑ 4/26 • $270 ❑ 4/27 •$270 ❑ 4/28 •$135
Nonmember	❑ $920	❑ $1,105	❑ 4/25 • $395 ❑ 4/26 • $395 ❑ 4/27 • $395 ❑ 4/28 • $200
*Students/Retired Members	❑ $315	❑ $380	❑ 4/25 • $135 ❑ 4/26 • $135 ❑ 4/27 • $135 ❑ 4/28 • $70

*Only full-time students working toward an RN are eligible for the Student registration rate. Retired RNs must be at least 70 years old. Customers who 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 - 1 Year	☐ $125
I am a Registered Nurse - 2 Year	☐ $235
I am a nursing professional such as a nursing assistant, research assistant, or other nursing support staff	☐ $63
I've been a Registered Nurse for five years or less	☐ $94
I am a healthcare professional such as a physician, pharmacists, or industry employee - 1 year	☐ $125
I am a healthcare professional such as a physician, pharmacists, or industry employee - 2 year	☐ $235
I am a Registered Nurse who is 70 or older	☐ $75
I am a full-time student working toward my RN	☐ $0

4. Discounted Hotel Reservations (Optional)

All reservations must be held with a credit card guarantee valid through May 2024. 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.

Hotels

Headquarter Hotel
Marriott Marquis Washington, DC
❑ Nightly Rate: $433.65

AC Hotel Washington, DC Convention Center ❑ Nightly Rate: $369.88	**Courtyard Washington Downtown Convention Center** ❑ Nightly Rate: $393.07
Embassy Suites DC Convention Center ❑ Nightly Rate: $410.47	**Grand Hyatt Washington** ❑ Nightly Rate: $451.05
Residence Inn Washington Downtown Convention Center ❑ Nightly Rate: $416.26	**The Westin Washington, DC Downtown Hotel** ❑ Nightly Rate: $426.70

Hotel rates are estimated per night for double occupancy and include current taxes and fees.
For more hotel information, 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.

❑ I have read and agree to the Hotel Cancellation Policy.

OFFICE USE ONLY

Code: **CO24PDF**

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: _____

_____

_____

❑ We recognize that ONS Congress will be held over Passover. Please check here if you require kosher food options at any ONS Congress activity.

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 7, 2024. Fifty percent refunds will be made (less a $100 processing fee) when requested from March 8 through March 31, 2024. No refunds issued after March 31, 2024.

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.**

49TH ANNUAL ONS Congress | IGNITE the EXTRAORDINARY

2024 REGISTRATION FORM

Date of Birth

_____ / _____ / _____
MM / DD / YYYY

What year did you earn your first nursing license?

_____

Years Oncology Experience

_____

Primary Position

- ❑ Academic Educator
- ❑ Case Manager
- ❑ Clinical Trials Nurse
- ❑ Executive
- ❑ Manager/Coordinator/Director
- ❑ Nurse Informaticist
- ❑ Nurse Practitioner
- ❑ Patient Educator
- ❑ Quality Improvement Nurse/Coordinator
- ❑ Staff Nurse
- ❑ VP/CNO
- ❑ None
- ❑ Care Coordinator
- ❑ Clinical Nurse Specialist
- ❑ Consultant
- ❑ Genetic Counselor
- ❑ Medical Science Liaison
- ❑ Nurse Navigator
- ❑ Nurse Scientist
- ❑ Pharmaceutical Representative
- ❑ Staff Educator
- ❑ Student
- ❑ Other (please specify)_____

Highest Nursing Degree

- ❑ Associates
- ❑ Diploma
- ❑ Master's
- ❑ None
- ❑ Bachelor's
- ❑ DNP
- ❑ PhD/DNSc

Nursing License Status

- ❑ APRN/CNS
- ❑ LVN/LPN
- ❑ RN Equivalent (International)
- ❑ APRN/NP
- ❑ RN
- ❑ None

Primary Specialty

- ❑ Blood & Marrow Transplantation
- ❑ Hematology
- ❑ Hospice
- ❑ Medical Oncology
- ❑ Non-Oncology
- ❑ Prevention/Detection
- ❑ Surgical Oncology
- ❑ N/A
- ❑ End-of-Life Care
- ❑ Home Care
- ❑ Intensive Care
- ❑ Medical-Surgical Oncology
- ❑ Palliative Care
- ❑ Radiation Oncology
- ❑ Survivorship

Primary Work Setting

- ❑ Academic Institution
- ❑ Government Agency
- ❑ Home Care
- ❑ Hospital Setting (Ambulatory)
- ❑ Physician Practice
- ❑ Survivorship Clinic
- ❑ Extended Care Facility
- ❑ Healthcare Industry
- ❑ Hospice
- ❑ Hospital Setting (Inpatient)
- ❑ Professional Association
- ❑ Other

Treatment Area—Select all that apply

- ❑ Breast Cancer
- ❑ Gastrointestinal Cancers
- ❑ Gynecologic Cancers
- ❑ Non-Malignant Hematologic Disorders
- ❑ Thoracic Cancers
- ❑ Head and Neck Cancers
- ❑ Genitourinary Cancers
- ❑ Hematologic Malignancies
- ❑ Sarcomas
- ❑ Skin Cancers
- ❑ N/A

What is your primary reason for attending the ONS Congress?

- ❑ Gain education/new knowledge
- ❑ Earn contact hours for licensure/certification
- ❑ Network with my peers
- ❑ Present poster or project presentation
- ❑ Other (please specify)_____

_____

_____

_____

What are the top three areas in which you need additional information and/or education?

- ❑ Immunooncology
- ❑ Symptom management
- ❑ Critical communication
- ❑ Navigation
- ❑ Alternative care delivery models
- ❑ Emerging therapies
- ❑ Pain management
- ❑ Evidence-based practice
- ❑ Oral adherence

What do you intend to do with the knowledge you gain by attending ONS Congress?

- ❑ Make a change in my nursing practice.
- ❑ Enhance my institution's current policies and procedures and standards of care.
- ❑ Provide my colleagues with information to help improve their clinical practice.

How did you learn about ONS Congress registration?

- ❑ Mailed Postcard/Brochure
- ❑ Email
- ❑ Industry Event
- ❑ Other
- ❑ Social Media
- ❑ Friend/Co-Worker
- ❑ Supervisor