

10th National Conference on Cancer Nursing Research Registration Form

Please type or print and complete the entire form. After January 27, you must register on site.

OFFICE USE ONLY	
Date Rec'd _____	Amount _____
Check #/Type _____	Code REGPFD _____

I. Your Information

Last _____ MI _____ First _____

ONS ID# _____ Job title _____

Work affiliation _____

Work address _____

City _____ State _____ Zip _____

Home address _____

City _____ State _____ Zip _____

Phone (H) _____ (O) _____ Fax _____

Email _____

Please be sure to provide a valid email address to ensure you receive your confirmation email. The above email will be updated in your ONS profile and will be used for this conference and future communication with ONS, ONS Foundation, ONCC, and ONSEdge.

Check here if you do not want the above address and e-mail address information updated for future communication with ONS, ONS Foundation, ONCC, and ONSEdge.

2. Choose Your Registration Category

Register by January 6 and save up to \$100! Discount already included in Early-Bird Registration fee.	EARLY-BIRD REGISTRATION registrations received by January 6, 2009	ADVANCED REGISTRATION registrations received between January 7 and January 27, 2009	FINAL REGISTRATION registrations received after January 27, 2009	DAILY REGISTRATION February 12, 13, or 14
Current Member/Associate Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$575	<input type="checkbox"/> 2/12: \$215 <input type="checkbox"/> 2/13: \$215 <input type="checkbox"/> 2/14: \$215
New Member (You must select "Active Membership" in section 3 to take advantage of this special price).	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	<input type="checkbox"/> \$575	<input type="checkbox"/> 2/12: \$215 <input type="checkbox"/> 2/13: \$215 <input type="checkbox"/> 2/14: \$215
Nonmember	<input type="checkbox"/> \$585	<input type="checkbox"/> \$660	<input type="checkbox"/> \$685	<input type="checkbox"/> 2/12: \$315 <input type="checkbox"/> 2/13: \$315 <input type="checkbox"/> 2/14: \$315
Students, Senior RNs, or Physically Challenged RNs*	<input type="checkbox"/> \$238	<input type="checkbox"/> \$275	<input type="checkbox"/> \$288	<input type="checkbox"/> 2/12: \$108 <input type="checkbox"/> 2/13: \$108 <input type="checkbox"/> 2/14: \$108

3. Attention, Nonmembers: Join ONS Today!

	Price
Nonmembers: Join today to take advantage of "New Member" pricing in section 3. If you do not wish to become an ONS member, then you must select the "Nonmember" registration fee in section 3.	<input type="checkbox"/> \$102
Active Member (only RNs are eligible)	<input type="checkbox"/> \$102
Associate Member (non-RN healthcare professionals are eligible)	<input type="checkbox"/> \$51
Student Member (only full-time students are eligible)	<input type="checkbox"/> \$51
Senior RN (at least 62 years old)	<input type="checkbox"/> \$51
Physically Challenged RN (those who qualify for active membership and receive long-term disability benefits)	<input type="checkbox"/> \$51

4. Exhibit Hall Guest Pass

Exhibit Hall: \$5 • Thursday, February 12 \$5 • Friday, February 13

Guest Name (please print) _____

5. Your Payment Information

Method of Payment	Amount Due	
<input type="checkbox"/> Check (made payable to Oncology Nursing Society) Check # _____	Section 2	\$ _____
<input type="checkbox"/> ONS gift certificate # _____	Section 3	\$ _____
<input type="checkbox"/> Credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Section 4	\$ _____
Card number _____ Exp. _____		
Name as it appears on card (please print) _____		
Cardholder signature _____		
Cardholder phone _____		
Total Due		\$ _____

6. Submit Your Registration Today! Three Easy Ways to Register!

Online: www.ons.org	Mail: Oncology Nursing Society P.O. Box 3500 Pittsburgh, PA 15230-3500 USA
Fax: 877-369-5497 (toll free, U.S. & Canada) +1-412-859-6162 (fax) <i>(faxed registrations require credit card payment)</i>	Phone: 866-257-4ONS or +1-412-859-6100

*Students must submit verification from dean indicating full-time student status with this registration form; senior RNs must be at least 62 years old; those who meet the criteria for active membership but are on full-time disability may register as physically challenged RNs.