

For Office Use Only	
Cust # _____	Mtg Ord # 1- _____
Date _____	I _____

APHON 42nd Annual Conference and Exhibit • September 13-15, 2018 • Savannah International Trade & Convention Center • Savannah, GA
Please print clearly. Use a separate form for each registrant; duplicate as necessary.

Complete name _____ First name for badge _____ BMTCN®
 CPON®
 CPHON®

Facility _____ Member ID No. _____

Mailing address (Home Work) _____

City/State/ZIP _____ Your first APHON conference? Yes (FTA) No

E-mail* (Home Work) _____
 *E-mail address required. Confirmation of registration is only sent via e-mail.

Work phone (____) _____ Fax (____) _____ Home phone (____) _____

Emergency contact name _____ Daytime phone (____) _____ Evening phone (____) _____

For New Members Please do not publish my name in the member directory. I do not want my name provided as part of APHON's mailing list.

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in box G.

<p>Full Conference Registration September 13-15, 2018</p> <table border="1"> <thead> <tr> <th></th> <th>On or before 7/13/2018</th> <th>On or before 8/15/2018</th> <th>After 8/15/2018</th> </tr> </thead> <tbody> <tr> <td>APHON Member</td> <td><input type="checkbox"/> \$450</td> <td><input type="checkbox"/> \$525</td> <td><input type="checkbox"/> \$600</td> </tr> <tr> <td>APHON Member Student*</td> <td><input type="checkbox"/> \$285</td> <td><input type="checkbox"/> \$360</td> <td><input type="checkbox"/> \$435</td> </tr> <tr> <td>Nonmember</td> <td><input type="checkbox"/> \$555</td> <td><input type="checkbox"/> \$630</td> <td><input type="checkbox"/> \$705</td> </tr> <tr> <td>Nonmember Student*</td> <td><input type="checkbox"/> \$405</td> <td><input type="checkbox"/> \$480</td> <td><input type="checkbox"/> \$555</td> </tr> <tr> <td>Team Member Discount**</td> <td><input type="checkbox"/> \$435</td> <td><input type="checkbox"/> \$510</td> <td><input type="checkbox"/> \$585</td> </tr> </tbody> </table> <p>Register and Join or Renew New and renewing members, please indicate your membership type. Fee includes 1 year of membership and conference registration.</p> <p>U.S. RESIDENTS</p> <table border="1"> <thead> <tr> <th></th> <th>On or before 7/13/2018</th> <th>On or before 8/15/2018</th> <th>After 8/15/2018</th> </tr> </thead> <tbody> <tr> <td>Active Member</td> <td><input type="checkbox"/> \$560</td> <td><input type="checkbox"/> \$635</td> <td><input type="checkbox"/> \$710</td> </tr> <tr> <td>Full-Time Graduate Nursing Student*</td> <td><input type="checkbox"/> \$375</td> <td><input type="checkbox"/> \$450</td> <td><input type="checkbox"/> \$525</td> </tr> <tr> <td>NSNA Nursing Student*</td> <td><input type="checkbox"/> \$310</td> <td><input type="checkbox"/> \$385</td> <td><input type="checkbox"/> \$460</td> </tr> <tr> <td>Associate Member</td> <td><input type="checkbox"/> \$550</td> <td><input type="checkbox"/> \$625</td> <td><input type="checkbox"/> \$700</td> </tr> </tbody> </table> <p>NON-U.S. RESIDENTS</p> <table border="1"> <thead> <tr> <th></th> <th>On or before 7/13/2018</th> <th>On or before 8/15/2018</th> <th>After 8/15/2018</th> </tr> </thead> <tbody> <tr> <td>Active Member</td> <td><input type="checkbox"/> \$580</td> <td><input type="checkbox"/> \$655</td> <td><input type="checkbox"/> \$730</td> </tr> <tr> <td>Full-Time Graduate Nursing Student*</td> <td><input type="checkbox"/> \$395</td> <td><input type="checkbox"/> \$470</td> <td><input type="checkbox"/> \$545</td> </tr> <tr> <td>NSNA Nursing Student*</td> <td><input type="checkbox"/> \$310</td> <td><input type="checkbox"/> \$385</td> <td><input type="checkbox"/> \$460</td> </tr> <tr> <td>Associate Member</td> <td><input type="checkbox"/> \$570</td> <td><input type="checkbox"/> \$645</td> <td><input type="checkbox"/> \$720</td> </tr> </tbody> </table> <p>Be sure to complete box C. 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Course</td> <td>001 <input type="checkbox"/> Member \$685</td> </tr> <tr> <td>10 am-4 pm</td> <td>Leadership Series</td> <td>002 <input type="checkbox"/> Member \$70</td> </tr> </table> <p><small>You must be an APHON member to attend these sessions.</small></p> <p><small>(An additional application must be completed online in order to register for the above sessions.)</small></p> <p>Preconference Workshops</p> <p>Thursday, September 13 (Half-Day) 8:15-11:45 am</p> <table border="1"> <tr> <td>003 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>007 <input type="checkbox"/> no cost</td> </tr> <tr> <td>004 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>008 <input type="checkbox"/> Member \$110</td> </tr> <tr> <td>005 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td><input type="checkbox"/> Nonmember \$125</td> </tr> <tr> <td>006 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td></td> </tr> </table> <p>Subtotal D \$ _____</p> <p>Optional Events</p> <p>Non-CNE Jazz Breakfast Symposia (SY1) Thursday, September 13, 6:45-8 am <input type="checkbox"/> no cost</p> <p>Non-CNE Jazz Lunch Symposia (SY2) Thursday, September 13, Noon-1:15 pm <input type="checkbox"/> no cost</p> <p>Newcomers' Welcome Reception (NW) Thursday, September 13, 6-6:30 pm <input type="checkbox"/> no cost</p> <p>Round Tables (RT) Friday, September 14, 7:15-8:15 am</p> <p>R T <input type="checkbox"/> (please enter the number of the round table you wish to attend. This is a no cost event.)</p> <p>Annual Business Meeting and Awards Lunch (BUS) Friday, September 14, 12:15-1:30 pm <input type="checkbox"/> no cost</p> <p>APHON After Dark Party (OE1) Friday, September 14, 7-10 pm <input type="checkbox"/> \$20</p> <p>Recognition Breakfast for Certified Oncology Nurses (RB) Saturday, September 15, 7:30-8:45 am <input type="checkbox"/> no cost</p> <p>Shire Lunch Symposia (SY3) Saturday, September 15, 12:45-2 pm <input type="checkbox"/> no cost</p> <p>Young Professional's Networking Event (YP) Saturday, September 15, 12:45-2 pm <input type="checkbox"/> no cost</p> <p><small>Space is limited for these optional events. Check your e-mail confirmation to confirm your registration for these events.</small></p> <p>Subtotal E \$ _____</p> <p>Special Requests</p> <p>(SA) <input type="checkbox"/> I will require special assistance. Please contact me. (SDV) <input type="checkbox"/> I will need a vegetarian meal. (SV) <input type="checkbox"/> I will need a vegan meal. (DIS) <input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list.</p> <p>Be sure to complete box C. Total Amount (A or B + D + E) \$ _____</p>	10 am-5:45 pm	Chemo/Bio Instr. Course	001 <input type="checkbox"/> Member \$685	10 am-4 pm	Leadership Series	002 <input type="checkbox"/> Member \$70	003 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	007 <input type="checkbox"/> no cost	004 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	008 <input type="checkbox"/> Member \$110	005 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	<input type="checkbox"/> Nonmember \$125	006 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	
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<p>1-Day Registration (For registrants attending 1 day of the meeting only)</p> <table border="1"> <thead> <tr> <th></th> <th>On or before 7/13/2018</th> <th>On or before 8/15/2018</th> <th>After 8/15/2018</th> </tr> </thead> <tbody> <tr> <td>APHON Member</td> <td><input type="checkbox"/> \$310</td> <td><input type="checkbox"/> \$385</td> <td><input type="checkbox"/> \$460</td> </tr> <tr> <td>Nonmember</td> <td><input type="checkbox"/> \$385</td> <td><input type="checkbox"/> \$460</td> <td><input type="checkbox"/> \$535</td> </tr> <tr> <td>Full-Time Student*</td> <td><input type="checkbox"/> \$200</td> <td><input type="checkbox"/> \$275</td> <td><input type="checkbox"/> \$350</td> </tr> </tbody> </table> <p>Please indicate the day you will attend: TH <input type="checkbox"/> Thursday only FR <input type="checkbox"/> Friday only SAT <input type="checkbox"/> Saturday only</p> <p>Be sure to complete box C. Subtotal B \$ _____</p>		On or before 7/13/2018	On or before 8/15/2018	After 8/15/2018	APHON Member	<input type="checkbox"/> \$310	<input type="checkbox"/> \$385	<input type="checkbox"/> \$460	Nonmember	<input type="checkbox"/> \$385	<input type="checkbox"/> \$460	<input type="checkbox"/> \$535	Full-Time Student*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350	<p>Session Selections (included in registration fee; for session codes see the full conference schedule.) Please enter the three-digit code for each session you plan to attend.</p> <p>Thursday, September 13</p> <p>Concurrent Session (3:30-4:30 pm) 2 0 <input type="checkbox"/> Concurrent Session (4:45-5:45 pm) 2 <input type="checkbox"/></p> <p>Friday, September 14</p> <p>Town Hall Meeting (8:30-9:30 am) T H <input type="checkbox"/> Concurrent Session (11 am-noon) 2 1 <input type="checkbox"/> Concurrent Session (3:15-4:15 pm) 2 <input type="checkbox"/></p> <p>Saturday, September 15</p> <p>Town Hall Meeting (9-10 am) T H <input type="checkbox"/> Concurrent Session (11:30 am-12:30 pm) 2 2 <input type="checkbox"/> Concurrent Session (2:15-3:15 pm) 2 3 <input type="checkbox"/></p>																																																																		
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<p>Payment (must accompany registration)</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>*\$25 will be charged for rebilling a credit card charge. *In the event of a miscalculation, I authorize APHON to charge to my credit card an amount APHON reasonably deems to be accurate.</p> <p><input type="checkbox"/> Check (enclosed) •Make check payable to Association of Pediatric Hematology/Oncology Nurses. •Checks not in U.S. funds will be returned. •A charge of \$25 will apply to checks returned for insufficient funds.</p> <p>CK# _____</p> <p>Account number _____ Expiration date _____</p> <p>Signature _____ Cardholder's name (please print) _____</p> <p>4 easy ways to register</p> <p>Online conference.aphon.org (credit card payment only) Mail APHON Conference PO Box 3781 Oak Brook, IL 60522</p> <p>Phone 855.202.9760 (toll free, U.S. residents only; credit card payment only) 847.375.4724 (for non U.S. residents; credit card payment only) Fax 847.375.6478 (credit card payment only) If you fax this form, please do not mail the original.</p>																																																																																			

Payment must accompany registration. If your facility is sending a check, it is your responsibility to confirm that APHON has received payment prior to your arrival at the conference. **Cancellation Policy:** All cancellations must be submitted in writing to the APHON Member Services Department. A \$75 processing fee will be charged for all cancellations postmarked before August 23, 2018. No refunds will be made under any circumstances on cancellations postmarked after August 23, 2018. APHON reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If APHON must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

* STUDENT DISCOUNT: Professional nursing students may register at a special rate, which is available to full-time undergraduate students or APHON NSNA Nursing Members. Documented proof of full-time student status (e.g., faculty letter, course load listing) is required with registration.
 ** A discounted rate is available to groups of two or more APHON members from the same facility. All the registration forms must arrive together, or discount will not apply. Visit conference.aphon.org for more details and to register as a team.

Send in your copy of the registration form and share this brochure with a colleague!