

Team Member Discount



Attend APHON's 42nd Annual Conference and Exhibit with two or more coworkers and save!

Recognizing that economic times are tough, APHON wants to do its part in helping to make conference registration fees more affordable

by offering a special Team Member Discount. When two or more APHON members from the same facility register at the same time for the entire 42nd Annual Conference and Exhibit, each member will receive \$15 off his or her registration fee.

All registrations must be submitted at the same time using the special team member discount registration form (online registration is not available for the team member discount).

Team Member Discount Registration Form *

APHON 42nd Annual Conference and Exhibit September 13–15, 2018

When two or more APHON members from the same facility register for APHON's 42nd Annual Conference and Exhibit, each registrant is eligible for a discounted rate. To qualify, all team members must register at the same time using this team member discount registration form.

***NOTE: A minimum of two members must be included on this registration form.**

Please note that APHON membership is required. You may duplicate this form to register additional team members as necessary. Online registration is not available.

Team Member #1 Registration (required)

Complete name _____ First name for badge _____ CPON® CPHON® BMTCN®
 Facility (required) _____ Member ID No. _____
 Mailing address (Home Work) _____ Your first APHON conference? Yes (FTA)
 City/State/ZIP _____
 E-mail* (Home Work) _____

*E-mail address required. Confirmation of registration will only be sent via e-mail.

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

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

Please do not publish my name in the member directory.

For office use only
Cust # _____ Mtg Ord # 1- _____
Date _____

<p>Full Conference Registration—September 13–15, 2018 A</p> <p>Received on or before July 13, 2018 <input type="checkbox"/> \$435 <i>(Reflects \$15 savings from full registration price of \$450.)</i></p> <p>Received after July 13, 2018 <input type="checkbox"/> \$510 <i>(Reflects \$15 savings from full registration price of \$525.)</i></p> <p>Received after August 15, 2018 <input type="checkbox"/> \$585 <i>(Reflects \$15 savings from full registration price of \$600.)</i></p> <p style="text-align: right;">Subtotal A \$ _____</p> <hr/> <p>Team Member #1—Preconference Courses B</p> <p><i>You must be an APHON member to attend the Chemo/Bio Instr. Course and Leadership Series.</i></p> <p>Wednesday, September 12 (Full-Day)</p> <table style="width: 100%;"> <tr> <td>10 am–5:45 pm</td> <td>Chemo/Bio Instr. Course</td> <td>001</td> <td><input type="checkbox"/> Member \$685</td> </tr> <tr> <td>10 am–4 pm</td> <td>Leadership Series</td> <td>002</td> <td><input type="checkbox"/> Member \$70</td> </tr> </table> <p style="text-align: right;">Subtotal B \$ _____</p> <p><small>(An additional application must be completed online in order to register for these sessions.)</small></p> <hr/> <p>Team Member #1—Preconference Workshops C</p> <p>Thursday, September 13 (Half-Day) 8:15–11:45 am</p> <table style="width: 100%;"> <tr> <td>003 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>006 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> </tr> <tr> <td>004 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>007 <input type="checkbox"/> Member Only (no cost event)</td> <td></td> </tr> <tr> <td>005 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>008 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> </tr> </table> <p style="text-align: right;">Subtotal C \$ _____</p> <hr/> <p>Special Requests</p> <p>(DIS) <input type="checkbox"/> I do not wish to have my name and contact information included in the online attendee list.</p> <p>(SDV) <input type="checkbox"/> I will need a vegan meal.</p> <p>(SDV) <input type="checkbox"/> I will need a vegetarian meal.</p> <p>(SA) <input type="checkbox"/> I will require special assistance. Please contact me.</p> <p>(OTH) <input type="checkbox"/> Other needs. Please contact me.</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	006 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	004 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	007 <input type="checkbox"/> Member Only (no cost event)		005 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	008 <input type="checkbox"/> Member \$110	<input type="checkbox"/> Nonmember \$125	<p>Team Member #1—Session Selections (included in registration fee) D</p> <p>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"/></p> <p>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"/></p> <p>Concurrent Session (11 am–noon) 2 1 <input type="checkbox"/></p> <p>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"/></p> <p>Concurrent Session (11:30 am–12:30 pm) 2 2 <input type="checkbox"/></p> <p>Concurrent Session (2:15–3:15 pm) 2 3 <input type="checkbox"/></p> <hr/> <p>Team Member #1—Optional Events E</p> <p><i>(Please note that while some of the optional events are included in the conference fee, registration is still required to attend.)</i></p> <p>Non-CNE Jazz Breakfast Symposia (SY1)</p> <p>Thursday, September 13, 6:45–8 am <input type="checkbox"/> no cost</p> <p>Non-CNE Jazz Lunch Symposia (SY2)</p> <p>Thursday, September 13, Noon–1:15 pm <input type="checkbox"/> no cost</p> <p>Newcomers' Welcome Reception (NW)</p> <p>Thursday, September 13, 6–6:30 pm <input type="checkbox"/> no cost</p> <p>Round Tables (RT)</p> <p>Friday, September 14, 7:15–8:15 am R T <input type="checkbox"/></p> <p><i>(please enter the number of the round table you wish to attend. This is a no cost event.)</i></p> <p>Annual Business Meeting and Awards Lunch (BUS)</p> <p>Friday, September 14, 12:15–1:30 pm <input type="checkbox"/> no cost</p> <p>APHON After Dark Party (OE1)</p> <p>Friday, September 14, 7–10 pm <input type="checkbox"/> \$20</p> <p>Recognition Breakfast for Certified Oncology Nurses (RB)</p> <p>Saturday, September 15, 7:30–8:45 am <input type="checkbox"/> no cost</p> <p>Shire Lunch Symposia (SY3)</p> <p>Saturday, September 15, 12:45–2 pm <input type="checkbox"/> no cost</p> <p>Young Professional's Networking Event (YP)</p> <p>Saturday, September 15, 12:45–2 pm <input type="checkbox"/> no cost</p> <p style="text-align: right;">Subtotal E \$ _____</p> <p><small>Space is limited for some optional events. Check your e-mail confirmation to confirm your registration for these events.</small></p>
10 am–5:45 pm	Chemo/Bio Instr. Course	001	<input type="checkbox"/> Member \$685																		
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<p>Team Member #1—Total Amount (A + B + C + E) _____</p>																					

Team Member Discount Registration Form* (continued)

NOTE: A minimum of two members must be included on this registration form. Please note that APHON membership is required. You may duplicate this form to register additional team members as necessary.

For office use only	
Cust # _____	Mtg Ord # 1- _____
Date _____	

Team Member #2 Registration (required)

Complete name _____ First name for badge _____ CPON® CPHON® BMTCN®
 Facility (required) _____ Member ID No. _____
 Mailing address (Home Work) _____
 City/State/ZIP _____ Your first APHON conference? Yes (FTA)
 E-mail* (Home Work) _____

*E-mail address required. Confirmation of registration will be sent via e-mail.

Work phone (____) _____ Fax (____) _____ Home phone (____) _____
 Emergency contact name _____ Daytime phone (____) _____ Evening phone (____) _____

Please do not publish my name in the member directory.

Full Conference Registration—September 13–15, 2018

Received on or before July 13, 2018 \$435
(Reflects \$15 savings from full registration price of \$450.)
 Received after July 13, 2018 \$510
(Reflects \$15 savings from full registration price of \$525.)
 Received after August 15, 2018 \$585
(Reflects \$15 savings from full registration price of \$600.)
Subtotal A \$ _____

Team Member #2—Preconference Courses

You must be an APHON member to attend the Chemo/Bio Instr. Course and Leadership Series.

Wednesday, September 12 (Full-Day)
 10 am–5:45 pm **Chemo/Bio Instr. Course** 001 Member \$685
 10 am–4 pm **Leadership Series** 002 Member \$70
Subtotal B \$ _____

(An additional application must be completed online in order to register for these sessions.)

Team Member #2—Preconference Workshops

Thursday, September 13 (Half-Day) 8:15–11:45 am
 003 Member \$110 Nonmember \$125 007 Member Only (no cost event)
 004 Member \$110 Nonmember \$125 008 Member \$110 Nonmember \$125
 005 Member \$110 Nonmember \$125
 006 Member \$110 Nonmember \$125
Subtotal C \$ _____

Special Requests

(DIS) I do not wish to have my name and contact information included in the online attendee list.
 (SDV) I will need a vegan meal.
 (SDV) I will need a vegetarian meal.
 (SA) I will require special assistance. Please contact me.
 (OTH) Other needs. Please contact me.

Team Member #2—Session Selections (included in registration fee)

Please enter the three-digit code for each session you plan to attend.

Thursday, September 13
 Concurrent Session (3:30–4:30 pm) _____ **2 0**
 Concurrent Session (4:45–5:45 pm) _____ **2**

Friday, September 14
 Town Hall Meeting (8:30–9:30 am) _____ **T H**
 Concurrent Session (11 am–noon) _____ **2 1**
 Concurrent Session (3:15–4:15 pm) _____ **2**

Saturday, September 15
 Town Hall Meeting (9–10 am) _____ **T H**
 Concurrent Session (11:30 am–12:30 pm) _____ **2 2**
 Concurrent Session (2:15–3:15 pm) _____ **2 3**

Team Member #2—Optional Events

(Please note that while some of the optional events are included in the conference fee, registration is still required to attend.)

Non-CNE Jazz Breakfast Symposia (SY1)
 Thursday, September 13, 6:45–8 am no cost

Non-CNE Jazz Lunch Symposia (SY2)
 Thursday, September 13, Noon–1:15 pm no cost

Newcomers' Welcome Reception (NW)
 Thursday, September 13, 6–6:30 pm no cost

Round Tables (RT)
 Friday, September 14, 7:15–8:15 am **R T**
(Please enter the number of the round table you wish to attend. This is a no cost event.)

Annual Business Meeting and Awards Lunch (BUS)
 Friday, September 14, 12:15–1:30 pm no cost

APHON After Dark Party (OE1)
 Friday, September 14, 7–10 pm \$20

Recognition Breakfast for Certified Oncology Nurses (RB)
 Saturday, September 15, 7:30–8:45 am no cost

Shire Lunch Symposia (SY3)
 Saturday, September 15, 12:45–2 pm no cost

Young Professional's Networking Event (YP)
 Saturday, September 15, 12:45–2 pm no cost

Subtotal E \$ _____

Space is limited for some optional events. Check your e-mail confirmation to confirm your registration for these events.

Team Member #2—Total Amount (A + B + C + E) _____

TOTAL REGISTRATION FEES FOR ALL TEAM MEMBERS \$

Payment (Full payment must accompany this form in order for the registrations to be processed.)

   

- If rebilling of a credit card is necessary, a \$25 processing fee will be charged.
- I authorize APHON to charge the credit card(s) listed amounts reasonably deemed by APHON to be accurate and appropriate.

Check (enclosed) _____ • Make check payable to APHON in U.S. funds.
 • A charge of \$25 will apply to checks returned for insufficient funds.

Account number _____ Expiration date _____

Signature _____ Cardholder's name (please print) _____

3 easy ways to register

Mail

Send this registration form with payment to
 APHON Conference
 PO Box 3781
 Oak Brook, IL 60522

Phone

Call APHON at 855.202.9760 (U.S. residents only) or 847.375.4724 (credit card payment only)

Fax

847.375.6478 (credit card payment only)
 If you fax this form, please do not mail the original.

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.

*Online registration is not available for team member discount registration.