

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

APHON 41st Annual Conference and Exhibit • August 17–August 19, 2017 • Palm Springs Convention Center • Palm Springs, CA

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For New Members Please do not publish my name in the member directory.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 August 17-19, 2017</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">On or before 7/14/2017</td> <td style="text-align: center;">After 7/14/2017</td> </tr> <tr> <td>APHON Member</td> <td style="text-align: center;"><input type="checkbox"/> \$450</td> <td style="text-align: center;"><input type="checkbox"/> \$525</td> </tr> <tr> <td>APHON Member Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$285</td> <td style="text-align: center;"><input type="checkbox"/> \$360</td> </tr> <tr> <td>Nonmember</td> <td style="text-align: center;"><input type="checkbox"/> \$555</td> <td style="text-align: center;"><input type="checkbox"/> \$630</td> </tr> <tr> <td>Nonmember Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$405</td> <td style="text-align: center;"><input type="checkbox"/> \$480</td> </tr> <tr> <td>Multiple Member Discount**</td> <td></td> <td></td> </tr> </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="0"> <tr> <td></td> <td style="text-align: center;">On or before 7/14/2017</td> <td style="text-align: center;">After 7/14/2017</td> </tr> <tr> <td>Active Member</td> <td style="text-align: center;"><input type="checkbox"/> \$560</td> <td style="text-align: center;"><input type="checkbox"/> \$635</td> </tr> <tr> <td>Full-Time Graduate Nursing Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$375</td> <td style="text-align: center;"><input type="checkbox"/> \$450</td> </tr> <tr> <td>NSNA Nursing Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$310</td> <td style="text-align: center;"><input type="checkbox"/> \$385</td> </tr> <tr> <td>Associate Member</td> <td style="text-align: center;"><input type="checkbox"/> \$550</td> <td style="text-align: center;"><input type="checkbox"/> \$625</td> </tr> </table> <p>NON-U.S. RESIDENTS</p> <table border="0"> <tr> <td>Active Member</td> <td style="text-align: center;"><input type="checkbox"/> \$580</td> <td style="text-align: center;"><input type="checkbox"/> \$655</td> </tr> <tr> <td>Full-Time Graduate Nursing Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$395</td> <td style="text-align: center;"><input type="checkbox"/> \$470</td> </tr> <tr> <td>NSNA Nursing Student*</td> <td style="text-align: center;"><input type="checkbox"/> \$310</td> <td style="text-align: center;"><input type="checkbox"/> \$385</td> </tr> <tr> <td>Associate Member</td> <td style="text-align: center;"><input type="checkbox"/> \$570</td> <td style="text-align: center;"><input type="checkbox"/> \$645</td> </tr> </table> <p>Be sure to complete box C. Subtotal A \$ _____</p>		On or before 7/14/2017	After 7/14/2017	APHON Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$525	APHON Member Student*	<input type="checkbox"/> \$285	<input type="checkbox"/> \$360	Nonmember	<input type="checkbox"/> \$555	<input type="checkbox"/> \$630	Nonmember Student*	<input type="checkbox"/> \$405	<input type="checkbox"/> \$480	Multiple Member Discount**				On or before 7/14/2017	After 7/14/2017	Active Member	<input type="checkbox"/> \$560	<input type="checkbox"/> \$635	Full-Time Graduate Nursing Student*	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	NSNA Nursing Student*	<input type="checkbox"/> \$310	<input type="checkbox"/> \$385	Associate Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$625	Active Member	<input type="checkbox"/> \$580	<input type="checkbox"/> \$655	Full-Time Graduate Nursing Student*	<input type="checkbox"/> \$395	<input type="checkbox"/> \$470	NSNA Nursing Student*	<input type="checkbox"/> \$310	<input type="checkbox"/> \$385	Associate Member	<input type="checkbox"/> \$570	<input type="checkbox"/> \$645	<p>A Preconference Courses</p> <p>Wednesday, August 16 (Full-Day)</p> <table border="0"> <tr> <td>9:30 am-4:30 pm</td> <td>Self-Care Workshop</td> <td>001 <input type="checkbox"/> Member \$99</td> <td><input type="checkbox"/> Nonmember \$199</td> </tr> <tr> <td>10 am-5:45 pm</td> <td>Chemo/Bio Instr. Course</td> <td>002 <input type="checkbox"/> Member \$685</td> <td rowspan="2" style="border: 1px solid black; padding: 2px;">You must be an APHON member to attend these sessions.</td> </tr> <tr> <td>10 am-4 pm</td> <td>Leadership Series</td> <td>003 <input type="checkbox"/> Member \$70</td> </tr> </table> <p>(An additional application must be downloaded online and completed to register for the above sessions.)</p> <p>Preconference Workshops</p> <p>Thursday, August 17 (Half-Day) 8:30 am-12:00 pm</p> <table border="0"> <tr> <td>004 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td>007 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</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> <tr> <td>006 <input type="checkbox"/> Member \$110</td> <td><input type="checkbox"/> Nonmember \$125</td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Subtotal D \$ _____</p> <p>Optional Events</p> <table border="0"> <tr> <td>Non-CNE Lunch Symposia Thursday, August 17, Noon-1:15 pm (SYMTHL) <input type="checkbox"/> no cost</td> <td>Pool Party Friday, August 18, 7-10 pm (OEI) <input type="checkbox"/> \$15</td> </tr> <tr> <td>Newcomers' Welcome Reception Thursday, August 17, 6-6:30 pm (NW) <input type="checkbox"/> no cost</td> <td>CPON®/CPHON® Recognition Breakfast Saturday, August 19, 7:30-8:45 am (RB) <input type="checkbox"/> no cost</td> </tr> <tr> <td>Annual Business Meeting and Awards Lunch Friday, August 18, 12:15-1:30 pm (BUS) <input type="checkbox"/> no cost</td> <td>Non-CNE Lunch Symposia Saturday, August 19, 12:30-1:45 pm (SYMS) <input type="checkbox"/> no cost</td> </tr> </table> <p>Space is limited for these optional events. Check your e-mail confirmation to confirm your registration for these events. 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. (DIS) <input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list. (DIS) <input type="checkbox"/> Please do not publish my name in the member directory.</p> <p>Be sure to complete box C. Total Amount (A or B + D + E) \$ _____</p> <p>Payment (must accompany registration)</p> <table border="0"> <tr> <td><input type="checkbox"/> VISA</td> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> AMERICAN EXPRESS</td> <td><input type="checkbox"/> DISCOVER FINANCIAL SERVICES</td> </tr> </table> <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> <table border="0"> <tr> <td>Online</td> <td>conference.aphon.org (credit card payment only)</td> <td>Phone</td> <td>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)</td> </tr> <tr> <td>Mail</td> <td>APHON Conference PO Box 3781 Oak Brook, IL 60522</td> <td>Fax</td> <td>847.375.6478 (credit card payment only) If you fax this form, please do not mail the original.</td> </tr> </table>	9:30 am-4:30 pm	Self-Care Workshop	001 <input type="checkbox"/> Member \$99	<input type="checkbox"/> Nonmember \$199	10 am-5:45 pm	Chemo/Bio Instr. 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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 July 27, 2017. No refunds will be made under any circumstances on cancellations postmarked after July 27, 2017. 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!