



Team Member Discount

Attend APHON's 41st 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 41st 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 41st Annual Conference and Exhibit August 17-19, 2017

When two or more APHON members from the same facility register for APHON's 41st 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Please do not publish my name in the member directory.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 _____

Full Conference Registration—August 17-19, 2017

Received on or before July 14, 2017 \$435

(Reflects \$15 savings from full registration price of \$450.)

Received after July 14, 2017 \$510

(Reflects \$15 savings from full registration price of \$525.)

Subtotal A \$ _____

Team Member #1—Preconference Courses

Wednesday, August 16 (Full-Day)

9:30 am-4:30 pm **Self-Care Workshop** 001 Member \$99
 Nonmember \$199

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

10 am-5:45 pm **Chemo/Bio Instr. Course** 002 Member \$685

10 am-4 pm **Leadership Series** 003 Member \$70

(An additional application must be downloaded online and completed to register for these sessions.)

Subtotal B \$ _____

Team Member #1—Preconference Workshops

Thursday, August 17 (Half-Day)

8:30-12:00 pm 004 \$110 005 \$110 006 \$110
 007 \$110 008 \$110

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 vegetarian meal.

(SA) I will require special assistance. Please contact me.

(OTH) Other needs. Please contact me.

A

B

C

Team Member #1—Session Selections *(included in registration fee)*

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

Thursday, August 17

Concurrent Session (3:30-4:30 pm) 2 0

Concurrent Session (4:45-5:45 pm) 2

Friday, August 18

Town Hall Meeting (10-11 am) T H

Concurrent Session (11:15 am-12:15 pm) 2 1

Concurrent Session (3-4 pm) 2

Saturday, August 19

Town Hall Meeting (9-10 am) T H

Concurrent Session (11:30 am-12:30 pm) 2 2

Concurrent Session (2-3 pm) 2 2

D

Team Member #1—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 Lunch Symposia

Thursday, August 17, Noon-1:15 pm (SYMTHL) no cost

Newcomers' Welcome Reception

Thursday, August 17, 6-6:30 pm (NW) no cost

Annual Business Meeting and Awards Lunch

Friday, August 18, 12:15-1:30 pm (BUS) no cost

Pool Party

Friday, August 18, 7-10 pm (OE1) \$15

CPON®/CPHON® Recognition Breakfast

Saturday, August 19, 7:30-8:45 am (RB) no cost

Non-CNE Lunch Symposia

Saturday, August 19, 12:30-1:45 pm (SYMS) no cost

Subtotal E \$ _____

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

E

Team Member #1—Total Amount (A + B + C + E) _____

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.

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 007 \$110 008 \$110

Subtotal C \$ _____

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(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, August 17

Concurrent Session (3:30-4:30 pm) **2 0**
 Concurrent Session (4:45-5:45 pm) **2**

Friday, August 18

Town Hall Meeting (10-11 am) **T H**
 Concurrent Session (11:15 am-12:15 pm) **2 1**
 Concurrent Session (3-4 pm) **2**

Saturday, August 19

Town Hall Meeting (9-10 am) **T H**
 Concurrent Session (11:30 am-12:30 pm) **2 2**
 Concurrent Session (2-3 pm) **2 2**

Team Member #2—Optional Events

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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 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.

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