



Team Member Discount

Attend APHON's 45th Annual Conference and Exhibit with two or more coworkers and save!

When two or more APHON members from the same facility register at the same time for the entire 45th Annual Conference and

Exhibit, each member will receive 3% off the 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 45th Annual Conference and Exhibit: Virtual Experience
October 28-30, 2021**

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

When two or more APHON members from the same facility register for APHON's 45th Annual Conference and Exhibit: Virtual Experience, 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) _____

City/State/ZIP _____ Your first APHON conference? Yes (FTA)

E-mail* (Home Work) _____

*E-mail address required. Confirmation of registration will be sent only 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Please do not publish my name in the member directory. Please do not provide my name as part of APHON's mailing list.

<p>Full Conference Registration—October 28-30, 2021</p> <p>Received on or before July 30, 2021 <input type="checkbox"/> \$383 <i>(Reflects 3% savings from full registration price of \$395)</i></p> <p>Received after July 30, 2021 <input type="checkbox"/> \$476 <i>(Reflects 3% savings from full registration price of \$490)</i></p> <p>Received on or after September 18, 2021 <input type="checkbox"/> \$548 <i>(Reflects 3% savings from full registration price of \$565.)</i></p> <p style="text-align: right;">Subtotal A \$ _____</p>	<p>A Team Member #2—Optional Events C</p> <p><i>(Please note that although some of the optional events are included in the conference fee, registration to attend them is still required.)</i></p> <p>Non-CNE Jazz Dinner Symposium (SYM1) <input type="checkbox"/> no cost Wednesday, October 27, 6-7:15 pm</p> <p>Non-CNE Chiesi Breakfast Symposium (SYM2) <input type="checkbox"/> no cost Thursday, October 28, 6:45-8 am</p> <p>Non-CNE Jazz Lunch Symposium (SYM3) <input type="checkbox"/> no cost Thursday, October 28, 11:45 am-1 pm</p> <p>Career Development Event (CDE) <input type="checkbox"/> no cost Thursday, October 28, 1-1:45 pm</p> <p>Local Chapter Strategies: Shared Experiences to Shared Success (LCM) <input type="checkbox"/> no cost Friday, October 29, 7:30-8:45 am</p> <p>Annual Business Meeting and Awards Lunch (BUS) <input type="checkbox"/> no cost Friday, October 29, 12:45-2:15 pm</p> <p>Non-CNE Genentech Dinner Symposium (SYM4) <input type="checkbox"/> no cost Friday, October 29, 5-6:15 pm</p> <p>Non-CNE Y-mAbs Breakfast Symposium (SYM5) <input type="checkbox"/> no cost Saturday, October 30, 7:30-8:45 am</p> <p>CNE MediCom Worldwide Lunch Symposium (SYM6) <input type="checkbox"/> no cost Saturday, October 30, 12:45-2 pm</p> <p style="font-size: small;">Space is limited for some optional events. Check your e-mail confirmation to confirm your registration for these events.</p>
<p>B Special Requests</p> <p>(SA) <input type="checkbox"/> I will require special assistance. Please contact me.</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 style="text-align: right;">Team Member #1—Total Amount (from Box A) _____</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 only 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. Please do not provide my name as part of APHON's mailing list.

<p>Full Conference Registration—October 28–30, 2021</p> <p>Received on or before July 30, 2021 <input type="checkbox"/> \$383 <i>(Reflects 3% savings from full registration price of \$395)</i></p> <p>Received after July 30, 2021 <input type="checkbox"/> \$476 <i>(Reflects 3% savings from full registration price of \$490)</i></p> <p>Received on or after September 18, 2021 <input type="checkbox"/> \$548 <i>(Reflects 3% savings from full registration price of \$565.)</i></p> <p style="text-align: right;">Subtotal A \$ _____</p>	<p>A Team Member #2—Optional Events <i>(Please note that although some of the optional events are included in the conference fee, registration to attend them is still required.)</i></p> <p>Non-CNE Jazz Dinner Symposium (SYM1) <input type="checkbox"/> no cost Wednesday, October 27, 6–7:15 pm</p> <p>Non-CNE Chiesi Breakfast Symposium (SYM2) <input type="checkbox"/> no cost Thursday, October 28, 6:45–8 am</p> <p>Non-CNE Jazz Lunch Symposium (SYM3) <input type="checkbox"/> no cost Thursday, October 28, 11:45 am–1 pm</p> <p>Career Development Event (CDE) <input type="checkbox"/> no cost Thursday, October 28, 1–1:45 pm</p> <p>Local Chapter Strategies: Shared Experiences to Shared Success (LCM) <input type="checkbox"/> no cost Friday, October 29, 7:30–8:45 am</p> <p>Annual Business Meeting and Awards Lunch (BUS) <input type="checkbox"/> no cost Friday, October 29, 12:45–2:15 pm</p> <p>Non-CNE Genentech Dinner Symposium (SYM4) <input type="checkbox"/> no cost Friday, October 29, 5–6:15 pm</p> <p>Non-CNE Y-mAbs Breakfast Symposium (SYM5) <input type="checkbox"/> no cost Saturday, October 30, 7:30–8:45 am</p> <p>CNE MediCom Worldwide Lunch Symposium (SYM6) <input type="checkbox"/> no cost Saturday, October 30, 12:45–2 pm</p> <p style="text-align: center; font-size: small;">Space is limited for some optional events. Check your e-mail confirmation to confirm your registration for these events.</p>	<p>C</p>
Team Member #2—Total Amount (from Box A) _____		

Special Requests

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

(DIS) I do not wish to have my name and contact information included in the online attendee list.

B

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) Ck # _____

- 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 (toll-free, U.S. residents only; credit card payment 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 \$100 processing fee will be charged for all cancellations postmarked on or before October 1, 2021. No refunds will be made under any circumstances on cancellations postmarked after October 1, 2021.

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.