

CLINICAL ONCOLOGY

SYMPOSIUM • 2017

Registration Form

CONFERENCE COST

___ \$169 - EARLY REGISTRATION (BY APRIL 7)

___ \$189 - REGULAR REGISTRATION
(AFTER APRIL 7)

___ \$209 - ON-SITE

___ \$89 - STUDENT*

Please provide the information below:

College/University _____

Name of Major Advisor _____

* *Early, Regular and Group Rates do not apply to Students*

ONS MEMBERS SPECIAL RATE:

___ \$159 - EARLY REGISTRATION (BY APRIL 7)

___ \$179 - REGULAR REGISTRATION
(AFTER APRIL 7)

___ \$199 - ON-SITE

GROUP DISCOUNTS:

Must register at same time with one payment. A separate registration form is required for each individual. No online registrations for group discounts. Please register by calling the office at (573)882-0215 or send one check with registration forms to: MU Nursing Outreach, Rm. S266 Sinclair School of Nursing, University of Missouri, Columbia, MO, 65211-4120.

Early: • \$152.10/person group fee (10% discount) for registering 3-5 individuals.

• \$143.65/person group fee (15% discount) for registering 6 or more individuals

Regular: • \$170.10/person group fee (10% discount) for registering 3-5 individuals.

• \$160.65/person group fee (15% discount) for registering 6 or more individuals.

Please note: Registration fees include the conference, CE credit, light breakfast, lunch and refreshment breaks, and online access to speaker handouts.

If you register without paying, you are responsible for payment whether or not you attend the conference unless you cancel at least 7 business days before the conference, i.e., by April 14, 2017.

Full Name: _____

Educational Credentials: _____

Name for Badge (if different): _____

Home Address: _____

City/State/Zip: _____

Organization: _____

Position: _____

Work Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Please check your profession:

___ Nurse _____ Advanced Practice Registered Nurse

___ Social Worker _____ Nursing Home Administrator

___ Regulatory Personnel _____ Other _____

___ YES ___ NO It is OK to include my name and contact information on the conference roster for networking purposes.

___ YES ___ NO I am a Mizzou Nursing Alum.

___ YES ___ NO I am a 1st time conference registrant.

REGISTRATION/PAYMENT

___ Check enclosed made payable to University of Missouri
Mail to: Nursing Outreach, S266 School of Nursing Building, Columbia, MO 65211

Online registrations preferred. If you are paying by credit card, you must register online - <http://nursingoutreach.missouri.edu/>

or call the office: 573-882-0215, ask for Mary.

Please do not fax or e-mail your credit card information.

___ Fax registration to: (573) 884-8278

___ Check is being processed and will arrive under separate cover.

Please use ISE (MU only)

MO Code _____ PS Account _____

QUESTIONS? COMMENTS?

Call (573) 882-0215, Fax (573) 884-8278
or email NursingOutreach@missouri.edu