

APHON Pediatric Chemotherapy and Biotherapy Instructor Course Registration Form

March 12, 2010, St. Jude Children's Research Hospital, Memphis, TN

For Office Use Only	
Cust# _____	Mtg Ord# 3 _____
Date _____	_____

Please print clearly. Forms must be submitted in duplicate with CV or résumé. All registrations must be received by Friday, February 12, 2010.

Full Name _____ First Name for Badge _____

Facility _____ Facility City and State _____

Mailing Address Home Work _____

City/State/Zip _____

E-mail* Home Work _____

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

Work phone _____ Home phone _____

In case of emergency during the course, please contact _____

Daytime phone _____ Evening phone _____

Years of experience in Pediatric Hematology/Oncology Nursing _____





<h3>Eligibility Requirements</h3> <p><input type="checkbox"/> APHON member number _____ Exp. Date _____</p> <p><input type="checkbox"/> Licensed registered nurse</p> <p><input type="checkbox"/> Current APHON Pediatric Chemotherapy and Biotherapy Provider Exp. Date _____</p> <p><input type="checkbox"/> Two years of clinical experience</p> <p><input type="checkbox"/> CPON® certification (no exceptions) Exp. Date _____</p> <p><input type="checkbox"/> Bachelor's degree or higher is preferred</p>	<h3>Educational Background (highest level completed)</h3> <p><input type="checkbox"/> Diploma <input type="checkbox"/> ADN <input type="checkbox"/> BS/BSN <input type="checkbox"/> MS/MSN <input type="checkbox"/> PhD</p>
<h3>Applicant Experience</h3> <p>Attach a CV or résumé that includes information about your pediatric hematology/oncology experience; see the APHON Web site , www.aphon.org, for specific examples.</p>	

Primary Practice Setting (choose all that apply)

Inpatient nurse Outpatient nurse Staff development/clinical educator

Advanced practice nurse Administrator/manager Other (please describe) _____

<h3>Special Needs</h3> <p><input type="checkbox"/> I will require special assistance. (SA)</p> <p><input type="checkbox"/> I will need a vegetarian meal. (SDV)</p> <p><input type="checkbox"/> I do not wish to have my contact information included in the on-site attendee list. (DIS)</p>	<h3>Application Checklist</h3> <p><input type="checkbox"/> Completed application</p> <p><input type="checkbox"/> CV or résumé</p> <p><input type="checkbox"/> Additional information attached</p> <p><input type="checkbox"/> Payment</p>	<h3>2 Easy Ways to Register</h3> <p>Mail APHON Instructor Course PO Box 839 Glenview, IL 60025-0839</p> <p>Fax 847/375-6478 (credit card payment only) If you fax this form, please do not mail the original.</p>
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<h3>Registration Fee</h3> <p><input type="checkbox"/> Member \$675</p> <p><input type="checkbox"/> Join and Register \$773</p>	<h3>Payment</h3> <p><input type="checkbox"/> Check (enclosed) <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Account Number _____ Exp. Date _____</p> <p>Cardholder's name (please print) _____</p> <p>Signature _____</p> <p><small>.Make check payable to Association of Pediatric Hematology/Oncology Nurses (APHON). .Checks not in U.S. funds will be returned. .A charge of \$25 will apply to checks returned for insufficient funds. .If rebilling of a credit card is necessary, a \$50 processing fee will be charged. .I authorize APHON to charge the above-listed credit card an amount deemed by APHON to be accurate and appropriate.</small></p>
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Cancellation and Course Policies

All cancellations must be made in writing. A \$75 processing fee will apply to all cancellations. No refunds will be made on cancellations postmarked after February 19, 2010. All refunds will be issued after the course. 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 course. This course is limited to the first 75 registrants; applications will be handled on a first-come, first-served basis. **Please note that if you are more than 20 minutes late to the course; you will not be allowed to attend the course, and APHON will not issue a refund. All registrations must be received by Friday, February 12, 2010.** APHON reserves the right to substitute faculty or cancel or reschedule this course due to low enrollment or other unforeseen circumstances. If APHON must cancel this course, registrants will receive a full refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the course.