

2014 National Academy of Infusion Therapy and One-Day Program





ON-SITE FORM

Registration Information				Badge Information		
All meeting correspondence will b	pe sent to the address/e-mail ad	ldress indicated	below.	Nickname for h	adge	
First Name Last Name				Last Name		
						Company (if applicable)
Address						
City	Zip					
ProvinceC	Country		Business City			
Address above is Home Business				Business State _		
Phone	Home Business Cell			Emergency Contact Information		
E-mail				Name		
INS Membership No	dentifier No		Phone			
Are you a first-time attendee?	Yes No					
Demographic Informatio	on					
Current Position (Select One)	Practice Setting (Select One)	A (§	Area of Special Select One)	ty		
 □ Clinical Nurse Specialist □ Consultant □ Director of Nursing/Nurse Manager □ Educator □ Infusion Team □ Sales & Marketing □ Staff Nurse □ Other 	☐ Academic ☐ Ambulatory/Outp ☐ Home Care ☐ Hospice ☐ Long-term Care ☐ Pharmacy	□ Academic □ Ambulatory/Outpatient □ Home Care □ Hospice □ Long-term Care □ Pharmacy □ Physician's Office/Clinic		nagement re Department revention erapy nal Radiology	 □ Medical/Surgical □ Older Adult □ Oncology □ Pediatrics □ Research □ Vascular Access □ Women's Health 	
Registration Fees		INS Member	·	Member Joining*	Nonmember	
(Received after 10/25/14) NAIT	Day Program only (Friday) Γ only (Saturday & Sunday) Meetings (Friday–Sunday)	□ \$320 □ \$490 □ \$795		□ \$425 □ \$595 □ \$900	□ \$485 □ \$655 □ \$960	
Membership Renewal \$1	.05 One year	ars	iree years			
				TOTAL ENC	LOSED: \$	

*Includes one-year INS membership—not applicable for lapsed members rejoining. INS memberships are nonrefundable and nontransferable. Registrations must be received by INS by midnight ET on discount deadline to be eligible for that rate.