Forward completed registration form (one per applicant) with full payment to:
Infusion Nurses Society, 315 Norwood Park South, Norwood, MA 02062 or visit www.ins1.org to register online

Registration/Badge Information

All meeting correspondence will be sent to the address/e-mail address indicated below.

First Name ______________________ Name on Badge ______________________

Last Name ______________________

Credentials: ☐ RN ☐ CRNI® ☐ LPN/LVN ☐ OCN® ☐ RPh ☐ MD ☐ Other ______________

Company (if applicable) ______________________

Address ______________________

City ______________________ State __________ Zip __________

Province __________ Country __________ Postal Code __________

Phone ______________________ ☐ Home ☐ Business ☐ Cell

E-mail ______________________

INS Membership No. __________

Are you a first-time attendee? ☐ Yes ☐ No

Emergency Contact Information

Name ______________________

Phone ______________________

Demographic Information

Current Position
(Select One)

- ☐ Clinical Nurse Specialist
- ☐ Consultant
- ☐ Director of Nursing/ Nurse Manager
- ☐ Educator
- ☐ Infusion Team
- ☐ Sales & Marketing
- ☐ Staff Nurse
- ☐ Other__________

Practice Setting
(Select One)

- ☐ Acute Care/Hospital
- ☐ Academic
- ☐ Ambulatory/Outpatient
- ☐ Home Care
- ☐ Hospice
- ☐ Long-term Care
- ☐ Pharmacy
- ☐ Physician's Office/Clinic
- ☐ Industry

Area of Specialty
(Select One)

- ☐ Admin/Management
- ☐ Critical Care
- ☐ Education
- ☐ Emergency Department
- ☐ Infection Prevention
- ☐ Infusion Therapy
- ☐ Interventional Radiology
- ☐ Medical/Surgical
- ☐ Older Adult
- ☐ Oncology
- ☐ Pediatrics
- ☐ Other__________

Registration Fees

		INS Member	Nonmember
On-Site Registration	Annual Meeting (Saturday - Tuesday)	☐ $795	☐ $940
	Daily: ☐ Sat. ☐ Sun. ☐ Mon. ☐ Tues.	☐ $300/Day	☐ $385/Day

Membership Renewal $110 One year $210 Two years $295 Three years

Guest Fee (One per registrant; social events only) ☐ $150
Guest Name ______________________

TOTAL ENCLOSED: $ __________

Registrations must be received by INS by midnight ET on discount deadline to be eligible for that rate.

Payment

☐ Check or Money Order (DO NOT SEND CASH). Please make check or money order payable to **Infusion Nurses Society**.

☐ Credit Card: ☐ VISA ☐ MasterCard ☐ AMEX Credit Card # ______________________ Exp. Date (MM/YY) ________

Cardholder name ______________________ Cardholder signature ______________________

Registration and attendance at INS meetings and events constitutes an agreement by the registrant for Infusion Nurses Society's use and distribution (both now and in the future) of the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions, or audiotapes of such meetings and events.