



Forward completed registration form (one per applicant) with full payment to:  
Infusion Nurses Society, One Edgewater Drive, Norwood, MA 02062 or visit [www.ins1.org](http://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
Advance (Received by 10/05/19)	One-Day Program only (Friday)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$390
	NAIT only (Saturday & Sunday)	<input type="checkbox"/> \$390	<input type="checkbox"/> \$555
	Both Meetings (Friday-Sunday)	<input type="checkbox"/> \$595	<input type="checkbox"/> \$760
Membership Renewal	<input type="checkbox"/> \$110 One year <input type="checkbox"/> \$210 Two years <input type="checkbox"/> \$295 Three years		

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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.