



The Oncology Nursing Society
Chemotherapy and Biotherapy Course

Registration Form

Attendee Information

Name: _____

Job Title/Position _____ Nursing License # _____ State _____

Home Address: _____

City _____ State _____ Zip _____

E-mail address _____ Phone _____

Employer/Sponsor Information

Practice Manager/Director: _____

Practice/Organization Name _____

Address: _____

City _____ State _____ Zip _____

E-mail address _____ Phone _____

Registration fee: \$280

*Please make check payable to Wake Forest University Health Sciences
Section on Hematology and Oncology*

Please return completed registration forms and check to:

*Sherri Moore
Outpatient Comprehensive Cancer Center,
Hematology and Oncology Clinic 3rd Floor
Medical Center Boulevard
Winston Salem, North Carolina 27157
(336) 713-6843
sbmoore@wfubmc.edu*