



April 27-28, 2017 San Antonio

Registration

Register On-Line at txkidney.org or submit this completed form

Please print or type legibly. Your name tag will be made from this information.

Required to receive credit

Check all that Apply

1 Name: _____ Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Cell: _____
 E-Mail Address: _____

- Physician Assistant
- Nurse
- Case Manager
- Social Worker
- Dietitian
- Technician
- Other:

Extra Lunches

Extra Luncheon Tickets \$20*

\$20 X _____ = \$ _____

*Luncheon tickets are included with your paid registration. However, guests are welcome to join us by purchasing a separate (extra) luncheon ticket.

2 Attending:

	All Sessions		April 27 th Only		April 28 th Only	
	On-Time Registration	After April 14	On-Time Registration	After April 14	On-Time Registration	After April 14
Physician Assistants	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
Nurses, Dietitians	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
Social Workers	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
Technician	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
All Others	<input type="checkbox"/> \$55	<input type="checkbox"/> \$65	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25

On-time registration must be submitted (faxed, e-mailed or postmarked) on or before **April 14th**

On-Time Registration

On-time registration must be submitted (on-line, faxed, e-mailed or mailed) on or before **April 14th**.

Amount Due: Registration \$ _____
 Extra Lunch Tickets \$ _____
Total: \$ _____

Is this your first Spring Symposium?
 Yes No

I request a vegetarian meal

3. Payment:

Check Enclosed Charge (complete credit card information below)

Credit Card Information: Visa MasterCard Discover American Express

Payment Amount: \$ _____
 Name as it appears on card: _____
 Address of cardholder: _____
 City: _____ State: _____ Zip: _____
 Credit Card Number: _____
 Expiration Date: _____ / _____ Verification Number: _____
 Authorized Signature: _____

Cancellations/Refunds

Attendees who are unable to attend the meeting may, with prior notice, transfer their registration to another person. Or you may apply for a full refund with notification no later than **April 20**.

4. Submit:

Please fax completed form to: **210-446-4636**

or Mail completed application to:
Texas Kidney Foundation
45 NE Loop 410, Suite 255
San Antonio, TX 78216

Make checks payable to:
Texas Kidney Foundation

Office Use Only:

Date Received _____

E-Mail: symposium@txkidney.org Phone: 210-739-9778 Fax: 210-446-4636

Thank You for Your Registration