



# Registration

Register On-Line at [txkidney.org](http://txkidney.org) or submit this completed form

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



## Check all that Apply

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

1 Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

### 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 26 <sup>th</sup> Only		April 27 <sup>th</sup> Only	
	On-Time Registration	After April 13	On-Time Registration	After April 13	On-Time Registration	After April 13
Physician Assistants	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Nurses, Dietitians	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$105	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Social Workers	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$105	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Technician	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95	<input type="checkbox"/> \$70	<input type="checkbox"/> \$80	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
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 13<sup>th</sup>**

### On-Time Registration

On-time registration must be submitted (on-line, faxed, e-mailed or mailed) on or before **April 13<sup>th</sup>**.

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: \_\_\_\_\_

### 4. Submit: E-mail completed form to: [symposium@txkidney.org](mailto:symposium@txkidney.org)

or Fax completed form to: 210-446-4636 or Mail completed application to:

Make checks payable to:  
 Texas Kidney Foundation

Texas Kidney Foundation  
 45 NE Loop 410, Suite 255  
 San Antonio, TX 78216

### 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 19**.

#### Office Use Only:

Date Received \_\_\_\_\_

E-Mail: [symposium@txkidney.org](mailto:symposium@txkidney.org) Phone: 210-739-9778 Fax: 210-446-4636

**Thank You for Your Registration**