



Texas Kidney Foundation

Early Detection • Education • Support

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

1 Name: _____ Credentials: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

E-Mail Address: _____

Check all that Apply

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

2 Attending:

	All Sessions		April 25 th Only		April 26 th Only	
	On-Time Registration	After April 11	On-Time Registration	After April 11	On-Time Registration	After April 11
Physician Assistants	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135
Nurses, Dietitians	<input type="checkbox"/> \$135	<input type="checkbox"/> \$145	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
Social Workers	<input type="checkbox"/> \$135	<input type="checkbox"/> \$145	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
Technician	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$105	<input type="checkbox"/> \$95	<input type="checkbox"/> \$105
All Others	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	<input type="checkbox"/> \$70	<input type="checkbox"/> \$80	<input type="checkbox"/> \$70	<input type="checkbox"/> \$80

On-Time Registration

On-time registration must be submitted (on-line, faxed, e-mailed or mailed) on or before **April 11th**.

On-time registration must be submitted (faxed, e-mailed or postmarked) on or before **April 11th**

Amount Due: Registration \$ _____

Extra Lunch Tickets \$ _____

Total: \$ _____

Is this your first Spring Symposium?

- Yes No

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 11th**.

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

or Fax completed form to: _____ or Mail completed application to:

210-446-4636

Make checks payable to:
Texas Kidney Foundation

Texas Kidney Foundation
4204 Gardendale, Suite 106
San Antonio, TX 78229

Office Use Only:

Date Received _____

E-Mail: symposium@txkidney.org Phone: 210-396-8440 Fax: 210-446-4636

Thank You for Your Registration