

PERSONAL INFORMATION

Last Name:		First:	Middle:	Credentials:	<input type="checkbox"/> NKF Member <input type="checkbox"/> NANT Member
Discipline: <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Technician <input type="checkbox"/> Dietitian <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other: _____					
Specialty: <input type="checkbox"/> Acute Kidney Injury <input type="checkbox"/> CKD <input type="checkbox"/> Dialysis <input type="checkbox"/> Glomerular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Living Donation <input type="checkbox"/> Nutrition <input type="checkbox"/> Pediatrics <input type="checkbox"/> Primary Care <input type="checkbox"/> Transplantation <input type="checkbox"/> Other: _____					
Do you make budgeting and/or purchasing decisions for your employer (i.e. supplies, products, staffing)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Affiliation:			Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
City:		State:	Country:	Zip/Postal Code:	
Email (required):		Phone:		First Time Attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have a special need or disability and need special arrangements on-site, please specify: Dietary Restrictions: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegan					
Required for Physicians & Pharmacists: Date of Birth: ___/___/___ ABIM MOC #/NABP#: _____					

GENERAL MEETING

Includes attendance from Wednesday, April 11 through Saturday, April 14
 *proof of status required – please attach ID or letter from program director

MEMBER		NON-MEMBER	
<input type="checkbox"/> \$435 Physician	<input type="checkbox"/> \$360 Dietitian	<input type="checkbox"/> \$635 Physician	<input type="checkbox"/> \$470 Dietitian
<input type="checkbox"/> \$435 Pharmacist	<input type="checkbox"/> \$360 Social Worker	<input type="checkbox"/> \$635 Pharmacist	<input type="checkbox"/> \$470 Social Worker
<input type="checkbox"/> \$435 Other	<input type="checkbox"/> \$175 Technician	<input type="checkbox"/> \$635 Other	<input type="checkbox"/> \$275 Technician
<input type="checkbox"/> \$360 Physician Assistant	<input type="checkbox"/> \$160 Fellow*	<input type="checkbox"/> \$470 Physician Assistant	<input type="checkbox"/> \$160 Fellow*
<input type="checkbox"/> \$360 Nurse Practitioner	<input type="checkbox"/> \$100 Resident*	<input type="checkbox"/> \$470 Nurse Practitioner	<input type="checkbox"/> \$100 Resident*
<input type="checkbox"/> \$360 Nurse	<input type="checkbox"/> \$25 Student*	<input type="checkbox"/> \$470 Nurse	<input type="checkbox"/> \$25 Student*

ONE-DAY/TWO-DAY & ONE/HALF DAY OPTION

ONE-DAY (Select date and discipline below)	TWO-DAY (Select date and discipline below)	FRIDAY & HALF-DAY SATURDAY Select discipline below:
<input type="checkbox"/> Wednesday, April 11 <input type="checkbox"/> Thursday, April 12 <input type="checkbox"/> Friday, April 13 <input type="checkbox"/> \$175 Physician <input type="checkbox"/> \$175 Pharmacist <input type="checkbox"/> \$175 Other <input type="checkbox"/> \$130 Physician Assistant <input type="checkbox"/> \$130 Nurse Practitioner <input type="checkbox"/> \$130 Nurse <input type="checkbox"/> \$130 Dietitian <input type="checkbox"/> \$130 Social Worker <input type="checkbox"/> \$80 Technician	<input type="checkbox"/> Wednesday/Thursday <input type="checkbox"/> Thursday/Friday <input type="checkbox"/> \$300 Physician <input type="checkbox"/> \$300 Pharmacist <input type="checkbox"/> \$300 Other <input type="checkbox"/> \$220 Physician Assistant <input type="checkbox"/> \$220 Nurse Practitioner <input type="checkbox"/> \$220 Nurse <input type="checkbox"/> \$220 Dietitian <input type="checkbox"/> \$220 Social Worker <input type="checkbox"/> \$120 Technician	<input type="checkbox"/> \$210 Physician <input type="checkbox"/> \$210 Pharmacist <input type="checkbox"/> \$210 Other <input type="checkbox"/> \$185 Physician Assistant <input type="checkbox"/> \$185 Nurse Practitioner <input type="checkbox"/> \$185 Nurse <input type="checkbox"/> \$185 Dietitian <input type="checkbox"/> \$185 Social Worker <input type="checkbox"/> \$100 Technician

SUBTOTAL: \$ _____

PRE-CONFERENCE COURSES – TUESDAY, APRIL 10

Includes breakfast and/or lunch, course syllabus, CME/CE credits. Space is limited, so register early.

If you are registering for a pre-conference course only, and not attending the general meeting, please select the "course only" option when listed.

Course Title & Time	Target Audience	Price
<input type="checkbox"/> 220 Transplant Update: 2018 7:30am – 5:15pm	Physicians, Advanced Practitioners, Nurses, Fellows, Residents, Students, Technicians	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non-Member <input type="checkbox"/> 100 Fellow/Res/Stud/Tech
<input type="checkbox"/> 221 Successful Dialysis: Who, What, Where, When and How 7:30am – 5:00pm	Physicians, Advanced Practitioners, Nurses, Technicians, Fellows, Residents, Students	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non-Member <input type="checkbox"/> \$100 Fellow/Res/Stud/Tech
<input type="checkbox"/> 223 Basic of Vascular Access: The Practical Essentials 7:30am – 12:30pm	Physicians, Advanced Practitioners, Fellows, Residents	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Fellow/Resident

Registrant Name:		
<input type="checkbox"/> 224 Point of Care Ultrasound for the Nephrologist 7:30am – 12:30pm	Physicians, Fellows, Residents, Students	<input type="checkbox"/> \$ 60 Member <input type="checkbox"/> \$ 75 Non-Member <input type="checkbox"/> \$ 40 Fellow/Resident
<input type="checkbox"/> 225 Glomerular Diseases: Updates on pathogenesis and Treatment 8:00am – 6:00pm	Physicians, Advanced Practitioners, Fellows, Residents	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non-Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 226 Point of Care Ultrasound for the Nephrologist 1:00pm – 6:00pm	Physicians, Fellows, Residents, Advanced Practitioners, Nurses, Technicians	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Fellow/Resident/Tech
<input type="checkbox"/> 620 Critical Care Nephrology 7:30am – 5:30pm	Physicians, Advanced Practitioners, Fellows, Residents	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non-Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 621 NP Exam Review 7:30pm – 12:00pm	Advanced Practitioners, Nurses, Technicians, and Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Technicians/Students
<input type="checkbox"/> 622 CKD Management in the Outpatient Setting/Transitions of Care 12:30pm – 6:00pm	Advanced Practitioners, Nurses, Technicians, and Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Technicians/Students
<input type="checkbox"/> 520 Foundations of Nutrition Practice for Kidney Disease (Strategies I) 7:30am – 5:00pm	Dietitians, Students	<input type="checkbox"/> \$150 Member <input type="checkbox"/> \$175 Non-Member <input type="checkbox"/> \$100 Students
<input type="checkbox"/> 521 Advance Practice in Renal Nutrition: Update 2018 (Strategies II) 7:30am – 5:00pm	Dietitians	<input type="checkbox"/> \$150 Member <input type="checkbox"/> \$175 Non-Member
<input type="checkbox"/> 420 New Nephrology Social Workers: Tools, Techniques, and Strategies for a Successful and Effective Practice 8:00am – 12:15pm	Social Workers, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Member
<input type="checkbox"/> 421 Substance Use Disorders & Kidney Disease: Implications for Nephrology Social Work Practice 8:00am – 12:15pm	Social Workers, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Students
<input type="checkbox"/> 422 The Elephant in the Room: Violence in the Dialysis Center 1:00pm – 5:15pm	Social Workers, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Students
<input type="checkbox"/> 423 Living and Working with Chronic Kidney Disease: Research, Interventions and Resources for Employment and Quality of Life 1:00pm – 5:15pm	Social Workers, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$40 Students
SUBTOTAL: \$ _____		

WORKSHOPS

Fee of \$50 (unless otherwise noted) – includes boxed lunch, CME/CE credit. Space is limited, so register early.

Wednesday, April 11, 12:00pm – 2:00pm	Thursday, April 12, 4:00pm – 5:30pm	Friday, April 13, 12:00pm – 1:30pm
<input type="checkbox"/> 230 A Stitch in Time Saves Nine: Preventing, Detecting and Treating Access Dysfunction (Target Audience: Physicians, Advanced Practitioners, Nurses)	<input type="checkbox"/> 430 Guided Tour of Poster – Complimentary Lunch Not Provided (Target Audience: Social Workers)	<input type="checkbox"/> 234 Renal Emergencies in the Cancer Patient: A Case-Based Session (Target Audience: Physicians, Pharmacists, Dietitians)
<input type="checkbox"/> 231 Glomerular Disease in 2018 – Where are we Now, and Where are we going? (Target Audience: Physicians, Pharmacists, Advanced Practitioners)	<input type="checkbox"/> 530 Nutrition Poster Tour – Complimentary Lunch not provided) (Target Audience: Dietitians)	<input type="checkbox"/> 235 Teach Each Other Well: Improving Communication Between Providers and Patients/ Family Members (Target Audience: Physicians, Advanced Practitioners, Nurses, Social Workers, Dietitians, Technicians)
<input type="checkbox"/> 232 Obstetric Nephrology: A Case Based Approach (Target Audience: Physicians, Advanced Practitioners)		<input type="checkbox"/> 236 Acid-base and Electrolyte Cases (Target Audience: Physicians, Pharmacists, Advanced Practitioners)
<input type="checkbox"/> 233 Critical Care Medicine for the Nephrologist (Target Audience: Physicians, Pharmacists, Advanced Practitioners)		<input type="checkbox"/> 237 Novel Educational Ventures in Nephrology (Target Audience: Physicians, Advanced Practitioners)
		<input type="checkbox"/> 630 Catching the Beat: Understanding Common Arrhythmias and the Treatment (Target Audience: Advanced Practitioners, Pharmacists, and Nurses)
SUBTOTAL: \$ _____		

Registrant Name: _____

TEAM KIDNEY 5K FUN RUN – SATURDAY, APRIL 14 6:30AM START TIME		
<input type="checkbox"/> Single Registration	<input type="checkbox"/> \$25.00	Shirt Size: (Circle One) S M L XL XXL
<input type="checkbox"/> Additional Family Members: Name:		Shirt Size: (Check One)
1. _____	<input type="checkbox"/> \$10.00	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
2. _____	<input type="checkbox"/> \$10.00	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
3. _____	<input type="checkbox"/> \$10.00	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
4. _____	<input type="checkbox"/> \$10.00	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

SUBTOTAL: \$ _____

PAYMENT INFORMATION			
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	TOTAL\$	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Credit Card Number:	Expiration Date: CVC:
Name on Card:	Signature:		

Cancellation Policy: Refund requests must be made in writing and postmarked on or before **March 16, 2018** and are subject to a 10% administrative fee. Requests postmarked after **March 16, 2018** will not be accepted.

Mail Forms: National Kidney Foundation Attn: Membership Services GPO 5456 New York, NY 10117-3193 Fax to (212) 889.4287	Questions? Call 888.JOIN.NKF (888.564.6653) www.nkfclinicalmeetings.org
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