2017 Dialysis Symposium
REGISTRATION

Name:____

Email: __________________________ Preferred phone: ____________________

Mailing address:____

City/State:_______________________________________ Zip: ______________

FEE: (*includes meals and continuing education credits)*

$140 ○ Dietitian ○ Nurse ○ Social Worker ○ Other Healthcare Professional

Employer:____

$70 ○ Patient Care Technician

Employer:_______________________________________

$40 ○ Full-Time Student *(12+ credits current semester)*

School and Program of study: __________________________

Comp ○ Presenter / Planning committee member

Diet/Special Accommodations Requested:__________________________________

Select one (1) workshop preference option for each time slot.

☐ EBB#1	☐ EBB#2	☐ EBB#3	☐ No Preference
☐ AM#4	☐ AM#5	☐ AM#6	☐ No Preference
☐ LUNCH#7	☐ LUNCH#8	☐ LUNCH#9	☐ No Preference
☐ PM#10	☐ PM#11	☐ PM#12	☐ No Preference
☐ PM#13	☐ PM#14	☐ PM#15	☐ No Preference

PAYMENT

- ☐ Invoice requested
- ☐ Check (payable to: *National Kidney Foundation of Wisconsin)*
- ☐ Charge Amount: $__________ MC ____ Visa ____ American Express____

Card #:___________________________________ Expiration: ____________

Cardholder Name:__________________________ Security Code: ________

A $50 service fee assessed for cancellations before November 3.
NO refunds issued after November 3, 2017.

National Kidney Foundation® of Wisconsin

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