



REGISTRATION INFORMATION: (PLEASE PRINT CLEARLY)

First: _____ Middle Initial: _____

Last: _____ Credentials: _____

Affiliation/Company Name: _____ Department: _____

Street Address: Home Work _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail (required to obtain CME credit): _____

NKF Member ID# (if applicable): _____ Are you a first-time attendee? Yes No

Please select your specialty:

<input type="checkbox"/> Acute Kidney Injury	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Transplantation
<input type="checkbox"/> CKD	<input type="checkbox"/> Glomerular Disease	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other; Specify: _____
	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Primary Care	

PAYMENT PROCESSING:

Payment is accepted by check (made payable to the National Kidney Foundation) or by credit card. International payments by check must be in U.S. dollars by international money order or bank draft drawn on a U.S. bank. All other checks will be returned.

Check # _____

Please charge my: Mastercard Visa American Express Discover

Account #:

Expiration Date:
month/year

Signature: _____ Name of Cardholder (print): _____

PROFESSIONAL STATUS **GENERAL MEETING REGISTRATION FEE:**

Please indicate your professional status below:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> \$325 NKF Member |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> \$500 New Member United States/Canada* |
| <input type="checkbox"/> Resident | <input type="checkbox"/> \$525 New Member International* |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> \$525 Non-Member/General Attendee |
| | <input type="checkbox"/> \$100 Fellows with Proof of Status** |
| | <input type="checkbox"/> \$50 Resident (proof of status required)** |

SUBTOTAL (GENERAL MEETING REGISTRATION): \$ _____

*The new member fee includes a one-year membership with NKF. Visit our website at www.kidney.org and go to the membership page for details.
**Please include your proof of status with your registration form. This is a copy of your student I.D. or a letter from your medical director.

PLEASE NOTE: There will be a \$20 fee for returned checks. Refund requests must be made in writing and postmarked on or before **April 20, 2012** and are subject to a 10% administrative fee. Requests postmarked after **April 20, 2012** will not be accepted.

TO REGISTER:

Online: www.nkfclinicalmeetings.org Fax: 212.889.4287 Attn: Membership Services Department
Mail: National Kidney Foundation, GPO 5456, New York, NY 10117-3193
QUESTIONS: Membership Services Department: **888.JOIN.NKF (888.564.6653)**



PLEASE NOTE: Registration on-site in Washington, DC will incur an additional \$50 fee.

First: _____ Middle: _____ Last: _____ Phone: _____

Important Information: Please fill in your name and phone number above on all pages when faxing registration.

Check each box below (where applicable) for any pre-conference courses or workshops. Enter the subtotal and total registration fee at the end of the form.

PRE-CONFERENCE COURSES — Wednesday, May 9		
<input type="radio"/> 220 Transplant <i>Wednesday, May 9, 7:30am – 4:30pm</i>	Limited to 125 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 221 Integrated Hemodialysis/Peritoneal Dialysis <i>Wednesday, May 9, 7:00am – 5:00pm</i>	Limited to 200 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 222 Interventional Nephrology <i>Wednesday, May 9, 7:00am – 5:15pm</i>	Limited to 75 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 223 Dialysis Unit Management <i>Wednesday, May 9, 7:30am – 4:45pm</i>	Limited to 75 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 224 A Practical Approach to Renal Pathology <i>Wednesday, May 9, 7:30am – 5:30pm</i>	Limited to 50 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 225 CKD Clinics <i>Wednesday, May 9, 7:30am – 5:00pm</i>	Limited to 125 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 226 Glomerular Diseases: Updates on Pathogenesis and Treatment <i>Wednesday, May 9, 8:00am – 6:00pm</i>	Limited to 100 Participants	<input type="radio"/> Course: \$175 Meeting Registrants <input type="radio"/> Course Only: \$225 <input type="radio"/> Fellows/Residents: \$75
<input type="radio"/> 227 Cleveland Clinic Cardiorenal Update <i>Wednesday, May 9, 1:00pm – 5:00pm</i>	Limited to 150 Participants	<input type="radio"/> Course: \$90 Meeting Registrants <input type="radio"/> Course Only: \$175 <input type="radio"/> Fellows/Residents: \$50

SUBTOTAL (Pre-Conference Courses) \$ _____

First: _____ Middle: _____ Last: _____ Phone: _____

WORKSHOPS — Workshop participants must register for the entire meeting. All workshops are limited to 75 participants.	
<input type="radio"/> 230 Primer Reviewing Current High-Impact Research Studies Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40 <input type="radio"/> Fellows/Residents: Complimentary
<input type="radio"/> 231 Electrolytes Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 232 How to Set Up a Home Hemodialysis Program Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 233 Urine Microscopy Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 234 Topics in Interventional Nephrology Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 235 Critical Care Nephrology – Basics for the Practicing Nephrologists Thursday, May 10, 12:00pm – 2:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 236 Board Review Saturday, May 12, 11:30am – 1:00pm	<input type="radio"/> Registration Fee \$40 <input type="radio"/> Fellows/Residents: Complimentary
<input type="radio"/> 237 Kidney Stones 101 Saturday, May 12, 11:30am – 1:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 238 Secondary Resistant Hypertension Saturday, May 12, 11:30am – 1:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 239 Improving Long-Term Outcomes in Transplant Recipients Saturday, May 12, 11:30am – 1:00pm	<input type="radio"/> Registration Fee \$40
<input type="radio"/> 240 Weight Loss Management in CKD Saturday, May 12, 11:30am – 1:00pm	<input type="radio"/> Registration Fee: \$40

SUBTOTAL (WORKSHOPS) \$ _____

First: _____ Middle: _____ Last: _____ Phone: _____

CONFERENCE AUDIO RECORDINGS

Special offer – Save 50%! Purchase the recorded sessions now, and receive special early bird pricing! Purchasers will receive an email after the conference with special instructions on how to download the recordings.

<input type="radio"/> 900 Full Package – <i>Physician Program Recordings</i>	\$99.00
<input type="radio"/> 901 Full Package – <i>Advanced Practitioner Program Recordings</i>	\$99.00
<input type="radio"/> 902 Full Package – <i>Nurse and Technician Program Recordings</i>	\$99.00
<input type="radio"/> 903 Full Package – <i>Dietitian Program Recordings</i>	\$99.00
<input type="radio"/> 904 Full Package – <i>Social Worker Program Recordings</i>	\$99.00
<input type="radio"/> 905 Pick 10 Package – Pick any 10 sessions of recordings while you're on-site or after the conference.	\$50.00

SUBTOTAL (Recordings) \$ _____

Total \$ _____

Help us go green!

Yes, I would like to decline receiving a print program book on-site and only use the SCM12 mobile app and/or Program-at-a-Glance. The mobile app is available for all Smartphone platforms.

FOR INDIVIDUALS WITH DISABILITIES:

If you have a disability and need special arrangements made on-site, please check the box below and a NKF staff member will call you to make arrangements.

Yes, I have a disability and need special arrangements.

ARE YOU BRINGING YOUR TECH TO CLINICALS?

Please provide their name so that we can enter you in a raffle drawing for complimentary NKF Spring Clinical Meetings registration for 2013.

Name _____

Please note: Entering the technician's name is only to validate that you have recruited a technician to attend SCM12. It does NOT register them for SCM12. Technicians must complete a separate registration form.