

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/CE credit): _____

NKF Member ID# (if applicable): _____

Are you a first-time attendee? Yes No

Please select your specialty:

- Acute Kidney Injury
 CKD

- Dialysis
 Glomerular Disease
 Hypertension


- Nutrition
 Pediatrics
 Primary Care

- Transplantation
 Other; Specify: _____

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

Please indicate your professional status below:

- Physician Assistant
 Nurse Practitioner

**GENERAL MEETING
REGISTRATION FEE:**

- \$250 NKF Member
 \$300 New Member United States/Canada*
 \$310 New Member International*
 \$350 Non-Member
 \$0 Student** (complimentary registration)

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 and 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="checkbox"/> 620 Nephrology 201 for Advanced Practitioners <i>Wednesday, May 9, 7:30am – 5:30pm</i>	Limited to 100 Participants	<input type="checkbox"/> Course: \$125 Meeting Registrants <input type="checkbox"/> Course Only \$175
<input type="checkbox"/> 220 Transplant <i>Wednesday, May 9, 7:30am – 4:30pm</i>	Limited to 125 Participants	<input type="checkbox"/> Course: \$175 Meeting Registrants <input type="checkbox"/> Course Only: \$225
<input type="checkbox"/> 221 Integrated Hemodialysis/Peritoneal Dialysis <i>Wednesday, May 9, 7:00am – 5:00pm</i>	Limited to 200 Participants	<input type="checkbox"/> Course: \$175 Meeting Registrants <input type="checkbox"/> Course Only: \$225
<input type="checkbox"/> 222 Interventional Nephrology <i>Wednesday, May 9, 7:00am – 5:15pm</i>	Limited to 75 Participants	<input type="checkbox"/> Course: \$175 Meeting Registrants <input type="checkbox"/> Course Only: \$225
<input type="checkbox"/> 223 Dialysis Unit Management <i>Wednesday, May 9, 7:30am – 4:45pm</i>	Limited to 75 Participants	<input type="checkbox"/> Course: \$175 Meeting Registrants <input type="checkbox"/> Course Only: \$225
<input type="checkbox"/> 225 CKD Clinics <i>Wednesday, May 9, 7:30am – 5:00pm</i>	Limited to 125 Participants	<input type="checkbox"/> Course: \$175 Meeting Registrants <input type="checkbox"/> Course Only: \$225

SUBTOTAL (Pre-Conference Courses) \$ _____

WORKSHOPS — Workshop participants must register for the entire meeting. All workshops are limited to 75 participants.	
<input type="checkbox"/> 630 Troubleshooting Diabetic Dilemmas <i>Thursday, May 10, 12:00pm – 2:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 231 Electrolytes <i>Thursday, May 10, 12:00pm – 2:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 233 Urine Microscopy <i>Thursday, May 10, 12:00pm – 2:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 234 Topics in Interventional Nephrology <i>Thursday, May 10, 12:00pm – 2:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 530 Physical Assessment <i>Saturday, May 12, 11:30am – 1:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 238 Secondary Resistant Hypertension <i>Saturday, May 12, 11:30am – 1:00pm</i>	Registration Fee \$40
<input type="checkbox"/> 239 Improving Long-Term Outcomes in Transplant Recipients <i>Saturday, May 12, 11:30am – 1:00pm</i>	Registration Fee \$40

SUBTOTAL (Workshops) \$ _____

Total \$ _____

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.