

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

TWO-DAY REGISTRATION FEE:

<input type="checkbox"/> \$275 – Physician, Pharmacist, General Attendee/Other	<input type="checkbox"/> \$190 – Advanced Practitioner, Nurse and Technician, Dietitian, and Social Worker
<p>Check the two days you will attend:</p> <input type="checkbox"/> Thursday/Friday (May 10–11) <input type="checkbox"/> Friday/Saturday (May 11–12)	<p>Check the two days you will attend:</p> <input type="checkbox"/> Thursday/Friday (May 10–11) <input type="checkbox"/> Friday/Saturday (May 11–12)

SUBTOTAL (two-day): \$ _____

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.

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

SUBTOTAL (Recordings) \$ _____

TOTAL: \$ _____

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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)**

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-ata-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.