

PERSONAL INFORMATION

Last Name:		First:	Middle:	Credentials:	NKF Member ID (if applicable):	
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"/> Nutrition <input type="checkbox"/> Pediatrics <input type="checkbox"/> Primary Care <input type="checkbox"/> Transplantation <input type="checkbox"/> Other: _____						
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:						

GENERAL MEETING

ONE/TWO-DAY OPTION

<i>Includes attendance from Thursday, March 26 through Sunday, March 29 * proof of status required – please attach ID or letter from program director On-site registration fees increase by \$50</i>		<p>ONE-DAY Select date and discipline below:</p> <input type="checkbox"/> Thursday, March 26 <input type="checkbox"/> Friday, March 27 <input type="checkbox"/> Saturday, March 28		<p>TWO-DAY Select dates and discipline below:</p> <input type="checkbox"/> Thursday/Friday <input type="checkbox"/> Friday/Saturday			
<p>MEMBER</p> <input type="checkbox"/> \$350 Physician <input type="checkbox"/> \$350 Pharmacist <input type="checkbox"/> \$350 Other <input type="checkbox"/> \$300 Physician Assistant <input type="checkbox"/> \$300 Nurse Practitioner <input type="checkbox"/> \$300 Nurse <input type="checkbox"/> \$300 Dietitian <input type="checkbox"/> \$300 Social Worker <input type="checkbox"/> \$125 Technician <input type="checkbox"/> \$100 Fellow* <input type="checkbox"/> \$50 Resident* <input type="checkbox"/> \$0 Student*		<p>NON MEMBER</p> <input type="checkbox"/> \$530 Physician <input type="checkbox"/> \$530 Pharmacist <input type="checkbox"/> \$530 Other <input type="checkbox"/> \$400 Physician Assistant <input type="checkbox"/> \$400 Nurse Practitioner <input type="checkbox"/> \$400 Nurse <input type="checkbox"/> \$400 Dietitian <input type="checkbox"/> \$400 Social Worker <input type="checkbox"/> \$200 Technician <input type="checkbox"/> \$100 Fellow* <input type="checkbox"/> \$50 Resident* <input type="checkbox"/> \$0 Student*		<p>ONE-DAY</p> <input type="checkbox"/> \$160 Physician <input type="checkbox"/> \$160 Pharmacist <input type="checkbox"/> \$160 Other <input type="checkbox"/> \$110 Physician Assistant <input type="checkbox"/> \$110 Nurse Practitioner <input type="checkbox"/> \$110 Nurse <input type="checkbox"/> \$110 Dietitian <input type="checkbox"/> \$110 Social Worker <input type="checkbox"/> \$80 Technician		<p>TWO-DAY</p> <input type="checkbox"/> \$290 Physician <input type="checkbox"/> \$290 Pharmacist <input type="checkbox"/> \$290 Other <input type="checkbox"/> \$205 Physician Assistant <input type="checkbox"/> \$205 Nurse Practitioner <input type="checkbox"/> \$205 Nurse <input type="checkbox"/> \$205 Dietitian <input type="checkbox"/> \$205 Social Worker <input type="checkbox"/> \$150 Technician	
SUBTOTAL: \$							

PRE-CONFERENCE COURSES – WEDNESDAY, MARCH 25

*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 Kidney Transplantation 2015 7:30am – 5:15pm	Physicians, Pharmacists, Fellows, Residents, Advanced Practitioners, Nurses, Technicians	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 221 Integrated Hemodialysis/Peritoneal Dialysis 7:00am – 5:00pm	Physicians, Fellows, Residents, Advanced Practitioners, Nurses	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 222 CKD Management Along the Continuum: From Predialysis to Policy 7:30am – 4:30pm	Physicians, Pharmacists, Fellows, Residents, Advanced Practitioners, Nurses, Technicians	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 223 Glomerular Diseases: Updates on Pathogenesis and Treatment 8:00am – 6:00pm	Physicians, Pharmacists, Fellows, Residents, Advanced Practitioners	<input type="checkbox"/> \$200 Member <input type="checkbox"/> \$225 Non Member <input type="checkbox"/> \$100 Fellow/Resident
<input type="checkbox"/> 620 Hemodialysis Basics 7:30am – 12:00pm	Advanced Practitioners, Nurses, Technicians, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Students
<input type="checkbox"/> 621 Critical Care and Nephrology – Part 1 7:30am – 12:30pm	Advanced Practitioners, Physicians, Pharmacists, Fellows	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Fellow/Resident
<input type="checkbox"/> 622 Peritoneal Dialysis Basics 12:30pm – 5:00pm	Advanced Practitioners, Nurses, Technicians, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Students

<input type="checkbox"/> 623 Chronic Kidney Disease Basics 12:30pm – 5:30pm	Advanced Practitioners, Nurses, Technicians, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Students
<input type="checkbox"/> 624 Critical Care and Nephrology – Part 2 1:00pm – 6:00pm	Advanced Practitioners, Physicians, Pharmacists, Fellows	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Fellow/Resident
<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"/> \$50 Students
<input type="checkbox"/> 521 Advance Practice in Renal Nutrition: Update 2015 (Strategies II) 7:30am – 5:00pm	Dietitians	<input type="checkbox"/> \$150 Member <input type="checkbox"/> \$175 Non-Member
<input type="checkbox"/> 420 Nephrology Social Work 101: Learning/Reviewing the Clinical and Concrete Fundamentals 8:00am – 12:00pm	Social Workers, Students	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member <input type="checkbox"/> \$50 Students
<input type="checkbox"/> 421 Micro Clinical Skill Development: Engaging and Staying Present with Your Patient 1:00pm – 5:00pm	Social Workers	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member
<input type="checkbox"/> 422 Violence in the Dialysis and Transplant Settings: Prevention, Immediate Intervention, and Post-Incident Management 1:00pm – 5:00pm	Social Workers, Dietitians	<input type="checkbox"/> \$60 Member <input type="checkbox"/> \$75 Non-Member
SUBTOTAL: \$		

WORKSHOPS

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

Thursday, March 26, 12:00pm – 2:00pm	Saturday, March 28, 11:30am – 1:00pm
<input type="checkbox"/> 230 Hypertension in the CKD Population – Case-Based Presentations	<input type="checkbox"/> 235 Evaluation and Management of Depression and Anxiety in CKD
<input type="checkbox"/> 231 What Do You Know About Glomerular Disease?	<input type="checkbox"/> 236 Pregnancy Care in CKD
<input type="checkbox"/> 232 Home Hemodialysis	<input type="checkbox"/> 237 Acid-Base and Electrolytes
<input type="checkbox"/> 233 Comparative Effectiveness Research in Patient-Centered Outcomes Research: Generating Evidence for Kidney Care	<input type="checkbox"/> 238 Challenges in PD
<input type="checkbox"/> 234 Commencement: Effective Transitions from Pediatric to Adult Care	<input type="checkbox"/> 239 The “Difficult Patient” on Hemodialysis
Friday, March 27, 4:00pm – 5:30pm	<input type="checkbox"/> 240 Onco-Nephrology: Myeloma, Primary Amyloidosis and Other Monoclonal Deposition Diseases
<input type="checkbox"/> 430 Guided Tour of Posters – Complimentary (lunch not provided) <i>Target Audience: Social Workers</i>	<input type="checkbox"/> 531 Mind-Body Connection <i>Target Audience: Dietitians and Social Workers</i>
<input type="checkbox"/> 530 Nutrition Poster Tour – Complimentary (lunch not provided) <i>Target Audience: Dietitians</i>	
SUBTOTAL: \$	

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 redeem the recordings.

<input type="checkbox"/> 900 Full Package – Physician Program	Price: \$99.00
<input type="checkbox"/> 901 Full Package – Pharmacist Program	Price: \$99.00
<input type="checkbox"/> 902 Full Package – Advanced Practitioner Program	Price: \$99.00
<input type="checkbox"/> 903 Full Package – Nurse and Technician Program	Price: \$99.00
<input type="checkbox"/> 904 Full Package – Dietitian Program	Price: \$99.00
<input type="checkbox"/> 905 Full Package – Social Worker Program	Price: \$99.00
SUBTOTAL: \$	

PAYMENT INFORMATION

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

Cancellation Policy: Refund requests must be made in writing and postmarked on or before February 23, 2015 and are subject to a 10% administrative fee. Requests postmarked after February 23, 2015 will not be accepted.

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