

Patient Education Seminar – "Everyday Heroes Living with Kidney Disease"

Registration Form Sunday, March 8, 2015 DoubleTree Hotel Dallas Campbell Centre – 8250 N Central Expwy

| Contact Information | |
|--|---|
| First Name: | Street Address: |
| Last Name: | City/State/Zip: |
| Phone: | Dialysis Clinic (if applicable): |
| Email: | Dietary Restrictions: |
| Additional Attendee Names: | |
| Cost: \$5/\$10 at door | Schedule of Events |
| Cost. \$5/\$10 at door | 12:00 12:45 lim fly Hamiro and Transplant Resiniant |
| I would like to make an additional personal | 12:00 – 12:45 – Jim Ely, Umpire and Transplant Recipient, Keynote Speaker |
| I would like to make an additional personal donation of \$ | кеупоте эреакег |
| donation of \$ | 12:45 – 1:30pm - Knowing Your Options for Dialysis & |
| Cash Payment: | Transplantation – Nephrologist |
| Check Payment: | 1:45 – 2:45pm – Breakout Sessions |
| | Preventing Foot Problems for Diabetics – |
| Credit Card Payment: | Podiatrist |
| A 5 NG NG | What You Need to Know About Patients' Rights – |
| AmEx MC Visa | Social Worker |
| Name on Cradit Card | Nutrition in Stages: CKD - Dialysis - Transplant |
| Name on Credit Card: | Dietician |
| Credit Card Number: | 3:00 – 3:40pm – Ask the Nephrologist – Nephrologist |
| Verification Code: | |
| Exp (mm/yy):/ | 3:40 – 4:00pm – Evaluation/Door Prizes/Closing Remarks |

Please complete and return to: