Annual Dialysis Conference
presented by the *University of Missouri Division of Nephrology*

Registration Form

Indicate your profession:

___ Physician ___ Fellow ___ Social Worker
___ Nurse ___ Dietitian ___ PA
___ Advanced Practice RN
___ Other _____

Have you attended before? ___ Yes ___ No

IMPORTANT: PLEASE SIGN UP FOR THE SESSIONS OF YOUR CHOICE.
This is required for room sizes/seating arrangements.
(See pages 7-14 for session numbers)

SUNDAY, MARCH 4

General Session:	09A
10:45am - 12:15pm:	10
Luncheon Session:	12
Poster Session:	01
Pediatric Poster Session:	01
2:00 - 4:00pm:	02
4:15 - 5:30pm:	04

MONDAY, MARCH 5

Fellows Symposium:	B
Slide Forums:	09
9:00 - 10:30am:	09
10:45am- 12:00pm:	10
Luncheon Session:	12
Poster Session:	01
Pediatric Poster Session:	01
2:00 - 4:00pm:	02
4:15 - 5:30pm:	04

TUESDAY, MARCH 6

8:00 - 10:00am:	08
10:15am- 12:00pm:	10

COURSE FEES: Please check all that apply

Preconference Fees:
___ $175 USD - Fellows
___ $175 USD - Nurses, Dietitians, Social Workers, Other Health Professions
___ $250 USD - Physicians

Please select the Session you will be attending • March 3, 2018:

___ Peritoneal Dialysis
___ Home Hemodialysis Symposium
___ Fundamentals of Extracorporeal Therapy
___ The Fundamentals of Dialysis in Children

38th Annual Dialysis Conference Fees • Sunday, March 4 - Tuesday, March 6, 2018

___ $549 USD - Early fee - Paid by January 22, 2018 (midnight deadline)
___ $699 USD - Regular fee - Paid by February 22, 2018 (midnight deadline)
___ $799 USD - Late fee - February 23 through conference dates and on-site

ISN Member? ___ Yes ___ No **ISPD Member?** ___ Yes ___ No **ISHD Member?** ___ Yes ___ No
Note: *$10 discount for ISPD/ISHD/ISN members--only applies to the 38th Annual Dialysis Conference (March 4-6). Must register by January 22, 2018 to receive discount*

TOTAL FEES _____

First Name _____ Last Name(Surname) _____
(As you would like it to appear on nametag)

Degree(s) _____

Email Address _____

Emergency Contact _____

Emergency Contact Phone Number _____

Institutional Affiliation _____

Preferred Mailing Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Business Phone Number _____ FAX Number _____

Please indicate any special arrangement requests or dietary needs and we will attempt to accommodate your request:

_____

Payment should accompany form.
Confirmation/Receipt will be mailed within 2 weeks after payment is received.

___ Check Enclosed (X only if payment is by check, payable to the University of Missouri.)

Credit Card Payment: ___ Visa ___ MasterCard ___ Discover ___ American Express
(On your credit card statement, the conference registration fee will show as being paid to the University of Missouri)

_____
Please PRINT name as it appears on card

_____
Cardholder's mailing address if DIFFERENT from above

Signature _____

Account Number _____ Expiration Date _____

SEND COMPLETED FORM TO:

Dialysis Conference
Office of Continuing Medical Education &
Physician Lifelong Learning

1 Hospital Drive, DC)18.00
Columbia, Missouri 65211 USA

Questions?

Phone: (573) 882-4105 • Fax: (573) 882-5666
Email: dialysis@health.missouri.edu
Website: www.annualdialysisconference.org