



Annual Dialysis Conference

presented by the *University of Missouri Division of Nephrology*

ADC Technician Program Registration Form

Sunday, March 4, 2018 - Orlando, Florida

COURSE FEE:

____ **\$95 USD - Early Fee**

Paid by January 22, 2018

____ **\$100 USD - Regular Fee**

Paid by February 22, 2018

____ **\$115 USD - Late Fee**

Paid by February 23, 2018
through conference date and on-site

Payment should accompany form.

**Confirmation/Receipt will be
mailed within 2 weeks after
payment is received.**

Send completed form to:

Center for Continuing Medical
Education & Physician Lifelong
Learning

1 Hospital Drive, DC018.00
Columbia, MO 65211

Fax: (573)882-5666

Phone (573)882-4105

Email: dialysis@health.missouri.edu

Firstname _____ Last name(surname) _____
(As you would like it to appear on nametag)

Degree(s) _____

Email Address _____

Institutional Affiliation _____

Preferred Mailing Address: _____

City _____ State _____ Zip/Postal Code _____

Business Phone _____

FAX _____

Home Phone _____

PAYMENT INFORMATION

____ Check Enclosed (X only if paying by check, payable to University of Missouri)

Please charge my: ____ Visa ____ MasterCard ____ Discover ____ American Express

Cardholders address if different from above: _____

Mailing Address _____

Name as it appears on card _____

City _____ State _____ Zip/Postal Code _____

Account Number _____ Exp. Date _____