

REGISTRATION FORM • 2019

Indicate your profession:

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

IMPORTANT: PLEASE SIGN UP FOR THE SESSIONS OF YOUR CHOICE.

This is required for room sizes/seating arrangements.

SUNDAY, MARCH 17

General Session:
 10:45am - 12:15pm:
 Luncheon Session*:
**Select only if attending the Nursing Luncheon*
 10:45am - 12:15pm:
 2:00 - 4:00pm:
 4:15 - 5:30pm:

MONDAY, MARCH 18

9:00 - 10:30am:
 10:45am - 12:00pm:
 Luncheon Session*:
**Select only if attending the Learn from Your Colleagues Luncheon*
 2:00 - 4:00pm:
 4:15 - 5:30pm:

TUESDAY, MARCH 19

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

ABIM/ABP MOC Part 2 points: If requesting MOC Part 2 points, please indicate the following required information:

American Board of Pediatrics (ABP) ID: _____

American Board of Internal Medicine (ABIM) ID: _____

Date of Birth: _____

_____ I consent to the University of Missouri transmitting my information to the ACCME upon my successful completion of this activity. I understand that the ACCME will automatically transmit that information to the ABIM/ABP on my behalf.

SEND COMPLETED FORM AND PAYMENT TO:

MU Conference Office
Attn: Annual Dialysis Conference
344 Hearnes Center
Columbia, Missouri 65211

QUESTIONS? Please call
573-882-4349 or 1-866-682-6663

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 • Saturday, March 16, 2019:

Fundamentals of Dialysis in Children Home HD Symposium
 Fundamentals of Extracorporeal Therapy Practical Aspects in the Management of PD Patients

39th Annual Dialysis Conference Fees - Sunday, March 17 - Tuesday, March 19, 2019

\$549 USD - Early fee: Paid by February 4, 2019 (deadline: midnight Central US)

\$699 USD - Regular fee: Paid by March 4, 2019 (deadline: midnight Central US)

\$799 USD - Late fee: March 5, 2019 through conference dates and on-site

Note: \$10 discount for ISPD/ISHD/ISN members--only applies to the 39th Annual Dialysis Conference (March 16-19). Must register by Feb. 4, 2019 to receive discount

ISN Member? Yes No **ISPD Member?** Yes No **ISHD Member?** Yes No

TOTAL FEES _____

First Name _____ Last Name(Surname) _____

Suffix (Degrees/Credentials) _____

Name & Degree(s) for nametag _____

Email Address _____

Institution Affiliation _____

Preferred Mailing Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Business Phone Number _____

Emergency Contact Name _____ Number _____

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

Questions?

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

Payment Information - 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

Cardholder's email address

Signature _____

Account Number _____ Expiration Date _____