



National  
Kidney  
Foundation™ of  
Florida

**16<sup>th</sup> Annual Renal Professionals Forum**  
**Thursday and Friday, October 10<sup>th</sup> & 11<sup>th</sup> 2019**  
**Hutchinson Shores Resort & Spa, Orlando, FL**

**REGISTRATION FORM**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_

**Discipline:**

- |                                        |                                        |                                       |
|----------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dietitian     | <input type="checkbox"/> Technician    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Physician     |                                       |
| <input type="checkbox"/> Nurse         | <input type="checkbox"/> Administrator |                                       |

**Registration Fees:**

- |                                                                   |                                                                            |
|-------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Both Days (on or before August 30, 2019) | \$170.00                                                                   |
| <input type="checkbox"/> Both Days (after August 30, 2019)        | \$195.00                                                                   |
| <input type="checkbox"/> One Day (on or before August 30, 2019)   | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday \$115.00 |
| <input type="checkbox"/> One Day (after August 30, 2019)          | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday \$125.00 |

**Student Registration Fee:**

SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
☐ Both Days \$100.00

**Sponsored Lunches:**

- |          |                                                                              |                                                 |
|----------|------------------------------------------------------------------------------|-------------------------------------------------|
| Thursday | <input type="checkbox"/> I will attend and enjoy lunch provided by Amgen     | <input type="checkbox"/> I will lunch on my own |
| Friday   | <input type="checkbox"/> I will attend and enjoy lunch provided by Fresenius | <input type="checkbox"/> I will lunch on my own |

**Payment**

☐ Master Card ☐ Visa ☐ American Express ☐ Discover ☐ Check or Money Order enclosed

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CIV/CCV # (3 or 4-digit security #): \_\_\_\_\_ Billing address zip code: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

**Please mail checks payable to National Kidney Foundation of FL to 1040 Woodcock Rd, Ste 119, Orlando, FL 32803 or fax with credit card information to 407-895-0051. For questions please call 904-885-0043 or 800-927-9659.**

**Cancellation policy allows refunds (minus \$35 administrative fee) if cancellation received prior to September 23, 2019**