



National
Kidney
Foundation™ of
Florida

19th Annual Renal Professionals Forum
Wednesday, September 25th – Friday, September 27th, 2024
Rosen Shingle Creek
9939 Universal Blvd. Orlando, FL 32819

REGISTRATION FORM

Name: _____ Credentials: _____

License Number: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Discipline:

- Dietitian Technician Other: _____
 Social Worker Physician
 Nurse Administrator

Registration Fees:

- | | |
|---|----------|
| <input type="checkbox"/> Pre-conference Weds (on or before August 14, 2024) | \$30.00 |
| <input type="checkbox"/> Pre-conference Weds (after August 14, 2024) | \$50.00 |
| <input type="checkbox"/> Regular Conf. Thurs & Fri (on or before August 14, 2024) | \$220.00 |
| <input type="checkbox"/> Regular Conf. Thurs & Fri (after August 14, 2024) | \$250.00 |
| <input type="checkbox"/> One Day (on or before August 14, 2024) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | \$150.00 |
| <input type="checkbox"/> One Day (after August 14, 2024) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | \$175.00 |

Student Registration Fee:

SCHOOL: _____ EMAIL: _____
 Pre-con Weds \$25.00 Regular Conf. Thurs & Fri \$175.00

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 5756 S. Semoran Blvd Orlando FL 32822 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 August 26, 2024.