



National
Kidney
Foundation™ of
Florida

21st Annual Renal Professional Forum
Wednesday, August 26th – August 28th, 2026
Embassy Suites St. Augustine Beach Oceanfront Resort
St. Augustine Beach, FL

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 July 1, 2026) | \$30.00 |
| <input type="checkbox"/> Pre-conference Weds (after July 1, 2026) | \$50.00 |
| <input type="checkbox"/> Regular Conf. Thurs & Fri (on or before July 1, 2026) | \$220.00 |
| <input type="checkbox"/> Regular Conf. Thurs & Fri (after July 1, 2026) | \$250.00 |
| <input type="checkbox"/> Single Day (on or before July 1, 2026) | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday \$150.00 |
| <input type="checkbox"/> Single Day (after July 1, 2026) | <input type="checkbox"/> Thursday <input type="checkbox"/> Friday \$175.00 |

Student Registration Fee:

SCHOOL: _____ EMAIL: _____

- Pre-con Weds \$15.00
 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 July 26, 2026.