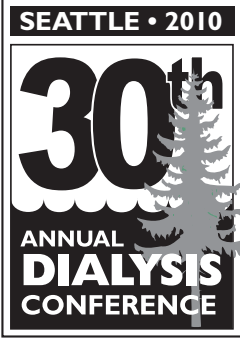


# Registration Form

**Abstract Deadline: October 5, 2009**



**Indicate your profession**

Physician     Social Worker  
 Nurse         Dietitian  
 PA               Fellow  
 Other

**Have you attended before?**

Yes         No

**Primary interest in attending?**

PD     HD     Pediatrics

**COURSE FEES: Please check all that apply**

**Preconference Sessions - Saturday, March 6, 2010:**

Fundamentals of Dialysis in Children  
 A Comprehensive Course in HD  
 Successful Home HD  
        \$175 USD - Fellows  
        \$175 USD - Nurses, Dietitians and Social Workers  
        \$250 USD - Physicians

**30th Annual Dialysis Conference:**

**Sunday, March 7 - Tuesday, March 9**

\$499 USD - Early fee - Paid by January 15, 2010  
 \$650 USD - Regular fee - Paid by February 23, 2010  
 \$750 USD - Late fee - Paid after February 23, 2010 and on-site

I plan to arrive for the Saturday Evening Reception, Welcome and Award Ceremony (no charge)  Yes  No

**ISN Member?**  Yes  No    *Note: \$10 discount for ISPD/ISHD/ISN members (only applies to the March 7-9 Conference and until Feb. 23)*  
**ISPD Member?**  Yes  No  
**ISHD Member?**  Yes  No

**TOTAL FEES** \_\_\_\_\_

I do not want my name to appear on the Conference Roster

First Name \_\_\_\_\_ Last Name(Surname) \_\_\_\_\_ Degree(s) \_\_\_\_\_  
 (As you would like it to appear on nametag) (For nametag)

Customer ID Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 (Appears on first line of mailing label, if none, leave blank)

Institutional Affiliation \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Business Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

**Credit Card Payment:** Please charge my  Visa  MasterCard  Discover (We do not accept American Express)  
 (On your credit card statement, the conference registration fee will show as being paid to the University of Missouri)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please PRINT name as it appears on card \_\_\_\_\_ Mailing address if DIFFERENT from above \_\_\_\_\_

Check Enclosed (X only if payment is by check, payable to the University of Missouri.)

**IMPORTANT: PLEASE SIGN UP FOR THE SESSIONS OF YOUR CHOICE. This is required for room sizes/seating arrangements.**  
 (See pages 7-16 for session numbers)

| SUNDAY, MARCH 7  | MONDAY, MARCH 8  | TUESDAY, MARCH 9  |
|--|--|---|
| 10:45-12:15: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 8-12:15: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR   | 8-Noon: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR   |
| Peds Luncheons: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | 8-10am: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> & 10:45-12:15: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>Peds only</b>  |
| 2-6pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR   | Peds Luncheon: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | 9-10:00am: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 2-4pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> & 4:45-6pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>Peds only</b>   | 8-10am: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> & 10:45-Noon: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|  | 2-3pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> & 3-4pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |   |
|  | 2-6pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR   |   |
|  | 2-4pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> & 4:45-6pm: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     |   |

**SEND COMPLETED APPLICATION TO:**

Dialysis Conference, Continuing Medical Education, 2401 Lemone Industrial Blvd., DC345.00, Columbia, Missouri 65212 USA  
 Phone: (573) 882-4105 • Fax: (573) 882-5666 • Website: som.missouri.edu/dialysis

Payment should accompany form. Confirmation/Receipt will be mailed within 2 weeks after payment is received.

Questions? Call us at (573) 882-4105 or send email to dialysis@health.missouri.edu