



American Kidney Fund®

Weighing the Outcomes: Ethical Issues in Kidney Disease
October 1, 2009 – Laurel, Maryland at the Holiday Inn Laurel - West

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| 8:00 a.m. | Registration |
| 9:00 a.m. | Welcome/Introduction |
| 9:15 a.m. | General Session: Ethics 101 |
| 10:00 a.m. | General Session: Ethical Decision-Making |
| 11:00 a.m. | Break/Visit Exhibits |
| 11:15 p.m. | General Session: Ethics of Patient Care – The How & The Why |
| 12:45 p.m. | Lunch/Networking |
| 1:45 p.m. | Concurrent Sessions: Workshop A: Equal Care for All Workshop B: The Ethics of Non-Adherence Workshop C: Respecting Wishes: EOL Ethics |
| 2:45 p.m. | Break/Visit Exhibits |
| 3:00 p.m. | Repeat of Concurrent Sessions: Workshop A: Equal Care for All Workshop B: The Ethics of Non-Adherence Workshop C: Respecting Wishes: EOL Ethics |
| 4:00 p.m. | So What? Now What? |

Continuing Education Information:

Nurses and Technicians: 6 contact hours for continuing nursing education have been applied for through the American Nephrology Nurses' Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registered Dietitians/Registered Dietetic Technicians/Diabetes Educators: 7.5 continuing professional education units have been applied for through the Commission on Dietetic Registration, the credentialing agency for the American Dietetic Association.

Social Workers: 6 continuing education contact hours have been applied for through the National Association of Social Workers.

Register at www.kidneyfund.org

For more information, contact the American Kidney Fund at 1.800.638.8299



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REGISTRATION FORM *(For Fax or Mail Registrations)*

Please complete a separate form for each participant; reproduce as necessary. Type or print clearly. Registration cannot be confirmed unless entire form is complete and full payment is received.

Fax completed form and credit card payment to conferences at **(301) 881-0569**.

Please note: If your organization is sending a check on your behalf, it must have your name written on the check or accompany a registration form. The American Kidney Fund is not responsible for lost or misapplied payments.

Participant's Full Name: _____

Position/Title: _____ Degree(s): _____

Organization: _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

CONTINUING EDUCATION CREDIT

- Dietitian
- Nurse/Tech
- Social Worker

REGISTRATION FEE (includes breaks, lunch, materials and CEUs):

****In an effort to go paperless, we are offering a \$5 saving for registering Online!***

Early Bird Registration *(received on or before September 11th): \$90*

Registration *(received on or between September 11th & September 25th): \$110*

Late Registration *(received after September 25th): \$130*

Cancellations received after September 11th are non-refundable. Substitutions can be made at any time.

PAYMENT METHOD

- My check is enclosed, payable to: **AKF Conference Registration**

Please charge my:

- American Express
- Visa
- MasterCard
- Discover

Credit Card #: _____

Exp. Date: _____ CVV Code: _____

Mail, along with payment, to:

American Kidney Fund, 6110 Executive Blvd., Ste. 1010, Rockville, MD 20852

or fax to: 301-881-0569

Save \$5 by registering online at: www.kidneyfund.org

Got questions? Contact us:

1.800.638.8299 • conferences@kidneyfund.org