



Weighing the Outcomes: Ethical Issues in Kidney Disease

August 7, 2008—Atlanta, Georgia at the Cobb Galleria Centre

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.

Registration Fee (includes breaks, lunch, materials and CEUs):

Early Bird Registration (received on or before July 21st): \$85
Registration (received on or between July 22nd and August 3rd): \$105
Late Registration (received after August 3rd): \$125

Participant's Full Name: _____

Position/Title: _____ Degree(s): _____

Organization: _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

CONTINUING EDUCATION CREDIT

Dietitian Nurse Social Worker

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 paper, register online at: www.kidneyfund.org

Got questions? Contact us:

1.800.638.8299 • conferences@kidneyfund.org