

2012 SWNC REGISTRATION FORM

To register by FAX, complete form and FAX to (602) 845-7955
 To register by MAIL, send to National Kidney Foundation of Arizona
 4203 E. Indian School Road #140 Phoenix, AZ 85018

Please make checks payable to
National Kidney Foundation of Arizona
 Tax ID # 86-6052343

(Please Circle Title Below- Required for Name Badge)

MD DO PhD PA NP RN RD MSW PCT RPh PharmD Other: _____

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Employer _____ Email Address (Required) _____

Work Phone _____ Cell Phone _____ FAX _____

How did you hear about the conference?

Registration Fees (Please submit by February 1st)

Conference February 17th & 18th 2012	Physician	Allied Health & Fellows	Non-Medical (No CEUs)
2-day event	\$315	\$135	\$120
1-day event	\$200	\$100	\$100

Please Confirm Total Conference Registration Fee Due:

Conference 2-day: \$ _____
 Conference 1-day: () Friday () Saturday \$ _____

Payment Information

Payment: Amex Visa MC Discover Check Total \$ _____

CARDHOLDER _____ SIGNATURE _____

EXPIRATION DATE _____ CARD NUMBER _____
MONTH & YEAR

Need Hotel Reservations?

Call Embassy Suites at 1-800-362-2779 - Group Code: KID
 OR

Local Calls (602) 765-5800 & Select Option 2 (Reservations) - Group Code: KID

You may visit the hotel reservation web page at: www.EmbassyPhoenixScottsdale.com and enter group code "KID"
 Dates For Conference Rates: Check In: February 16, 2012 & Check Out: February 18, 2012

**If you would like to stay additional nights outside of those listed above, please contact our onsite Sales Manager,
 Sabrina Amendola at 602.765.5819 or Sabrina.Amendola@Hilton.com
 Embassy Suites Phoenix—Scottsdale 4415 E. Paradise Village Parkway, Phoenix, Arizona