

P.O. Box 592180
 San Antonio, TX 78259
 210-739-9778 FAX 210-446-4636
 txkidney.org
 e-mail: symposium@txkidney.org

FAX

From: State of Texas Kidney Foundation

Pages (including cover): 2



**Registration is
 NOW OPEN!**

AGENDA

Every effort has been made to publish a final agenda, however, all sessions are subject to change

Thursday, April 26

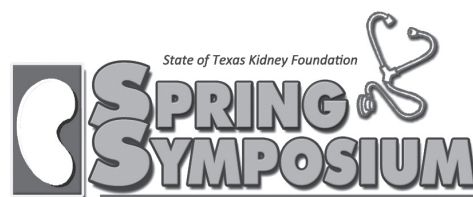
Toxicity of Serum Phosphates - In Search of Ideal Outcomes	Dr. Wajeh Quinibi, University Health Science Center San Antonio
End of Life Care	Dr. Charles Nolan, University Transplant Center
Living Donor Transplantation	Dr. Adam Bingaman, Texas Transplant Institute
Quality of Life for CKD Patients	Trenea Parks, ESRD Network
Medication Switches - Generics vs. Brand	Barrett Crowther; Sara Smolens
Disaster Planning	LaRhea Nichols, MSN; Mikki Ward, RN, CNN; Anna Koenig, ESRD Network
Overcoming Bundling Fears	Dr. Marcos Rothstein, Barnes-Jewish Hospital, St. Louis

Friday, April 27

Moving Dialysis Out of The Clinic	Dr. Ronald Hamner, Renal Associates, PA
Catheter Reduction: Creating The Ideal Access	John White, RN
Using Social Media to Help Patients	Erin Sidle, University Health System



On-time registration must be submitted (on-line, faxed, e-mailed or mailed) on or before **April 16th**



April 26 & 27, 2012
 Norris Conference Center
 San Antonio, Texas

More information at
txkidney.org

**Register On-Line or
 by fax or mail**

Fax: **210-446-4636**

Mail:

TKF
P.O. Box 592180
San Antonio, TX 78259

The following hours have been applied for:

- **Physicians** - Up to **10 CME's**
- **Physician Assistants** - Up to **10 CME's**
- **Nurses** - Up to **10.5 CEU's**
- **Case Managers** - Up to **10**
 - **Dietitians** - Up to **10**
- **Social Workers** - Up to **10**
- **Technicians** - Up to **10.5**

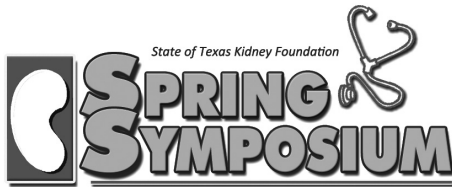
A block of rooms has been reserved at Marriott SpringHill Suites.

To make reservations call

210-737-6086

and mention "TKF" for the special rate.

Remember: It's Fiesta week, so **BOOK EARLY!**



REGISTRATION

Texas Kidney Foundation Spring Symposium April 26 - 27, 2012 San Antonio

Register online at txkidney.org

Continuing Education Hours Available For:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Nurses
- Transplant Nurses
- Case Managers
- Dietitians
- Social Workers
- Technicians

Available To Pre-Order

Extra Luncheon Ticket \$25*

\$25 X _____
Total Due for Pre-Orders \$ _____

*Luncheon tickets are included with your paid registration. However, guests are welcome to join us by purchasing a separate (extra) luncheon ticket.

On-Time Registration

On-time registration must be submitted (on-line, faxed, e-mailed or mailed) on or before **April 16th**

Cancellations/ Refunds

Attendees who are unable to attend the meeting may, with prior notice, transfer their registration to another person. Or you may apply for a full refund with notification no later than April 20.

Office Use Only:

Date Received _____
 Invoice Date _____
 Payment Received _____

Please print or type legibly:

1. Name: _____ Credentials: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax Number: _____

E-Mail Address: _____

<u>PROFESSION</u>	All Sessions		April 26th Only		April 27th Only	
	On-Time Registration	After April 16	On-Time Registration	After April 16	On-Time Registration	After April 16
Physician	<input type="checkbox"/> \$130	<input type="checkbox"/> \$140	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
All Other	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
Techs & Students	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35

On-time registration must be submitted (faxed, e-mailed or mailed) on or before **April 16th**

2. Amount Due: Registration \$ _____
 Pre-Orders \$ _____
Total Amount Due \$ _____

3. Payment: Check Enclosed Charge (please complete credit card information below)

Credit Card Information:

Visa MasterCard Payment Amount: _____

Name as it appears on card: _____

Address of cardholder: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____ / _____ Verification Number: _____

Authorized Signature: _____

4. Submit:

Please fax completed form to: **210-446-4636** or Mail completed application to:

Make checks payable to:
Texas Kidney Foundation

Texas Kidney Foundation
 P.O. Box 592180
 San Antonio, TX 78259

E-Mail: marilyn@txkidney.org Phone: 210-739-9778 Fax: 210-446-4636

Thank You for Your Registration and Support!