

Nephrology Today & Tomorrow 2014 Registration Form

October 24-25 | Omni Mandalay Hotel at Las Colinas | Irving, Texas

CONFERENCE registration can be done by mail (form) or online at www.esrdnetwork.org.
HOTEL registration can be done by phone (972-556-0800) or online at www.omnimandalay.com.
*Deadline to receive hotel group discount rate is **October 2, 2014**.*

- ⇒ **Registration will close on October 13, 2014.** Mailed registrations must be received by October 13. Registrations postmarked **AFTER October 13 will be treated as onsite registration with onsite pricing** (payment by cash, check, or money order **only—CREDIT CARDS NOT ACCEPTED ONSITE**). Onsite registrations may be limited to available space, with no guarantee for handouts or meals.
- ⇒ Complete the registration form, make a COPY for YOUR records, and mail the form **with conference fee payment**. (The conference fee covers meals, CEUs/CNEs/CMEs, and meeting materials.) Make checks payable to: **ESRD Network of Texas**. NOTE: A **\$35.00** fee will be charged for returned checks.
- ⇒ Mail form and payment to: **ESRD Network of Texas, 4040 McEwen Road, Suite 350, Dallas, Texas 75244**
- ⇒ Registration forms **will not be accepted without conference fee payment**.
- ⇒ Cancellations:
 - ⇒ **Before October 1, 2014:** You will be refunded minus a 25% administrative fee.
 - ⇒ **On or after October 1, 2014:** **NO** refunds will be given.
- ⇒ **CONFIRMATIONS WILL NOT BE SENT**—Contact **Debbie O’Daniel** at **469-916-3804** for any questions or concerns.

PRINT your name and credentials as you want them to appear on your name badge.

First Name: _____ Last Name: _____

Credentials: _____ Title: _____
(e.g. MSN, LMSW, MD) (e.g. Administrator, Manager, Head Nurse)

Circle Discipline: Physician Administrator Nurse-Administrator Nurse
 Dietitian Social Worker Patient Care Technician Other

My clinic is located in ESRD Network #: **13** (AR, LA, OK) **14** (TX) **15** (AZ, CO, NV, NM, UT, WY)

Facility Name: _____ CMS Certification #: _____
(e.g. TX units: 45-XXXX or 67-XXXX)

Address: _____ City: _____ State: ____ Zip: _____

Day Phone: () _____ Day Fax: () _____ Cell: () _____

Email Address: _____@_____

SPECIAL PRIZE DRAWING PRIOR TO THE EVENT!!

___ **Yes, enter my name in the drawing for the 1st Package:** 2 Party Passes (Standing Room Only—No Seating) to the Cowboys-Redskins game at AT&T Stadium on Monday night and a 3 night(s) (10/25-27/14) hotel accommodation at the SpringHill Suites at Las Colinas. Parking costs at the stadium are not included.

___ **Yes, enter my name in the drawing for the 2nd Package:** 2 night(s) hotel accommodation at the Omni Mandalay Hotel at Las Colinas to be redeemed between 11-1-2014 and 10-31-2015.

You must register by **9/19/2014** for the full conference and book **2 nights** (10/23 and 10/24) at the Omni Mandalay to be eligible. **Both packages are compliments of local establishments.**

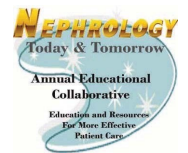
I am registering for the following (check box below): **Registration must be received by October 13**

- Nephrology Today & Tomorrow conference (All day Friday and Saturday AM)** \$ _____.00
- ⇒ \$250.00 Physicians, PAs
 - ⇒ \$225.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$120.00 Patient Care Technicians, Students
- ONSITE REGISTRATION COST**
- ⇒ \$275.00 Physicians, PAs
 - ⇒ \$250.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$145.00 Patient Care Technicians, Students
- Friday Only (All day Friday—see program for times)** \$ _____.00
- ⇒ \$175.00 Physicians, PAs
 - ⇒ \$150.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$75.00 Patient Care Technicians, Students
- ONSITE REGISTRATION COST**
- ⇒ \$200.00 Physicians, PAs
 - ⇒ \$175.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$100.00 Patient Care Technicians, Students
- Saturday Only (Saturday AM—see program for times)** \$ _____.00
- ⇒ \$100.00 Physicians, PAs
 - ⇒ \$75.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$65.00 Patient Care Technicians, Students
- ONSITE REGISTRATION COST**
- ⇒ \$125.00 Physicians, PAs
 - ⇒ \$100.00 Nurses, Dietitians, Social Workers, Administrators, State Surveyors, CMS, Other
 - ⇒ \$90.00 Patient Care Technicians, Students

Total \$ _____.00

If attending on Saturday AM, check which Saturday sessions you would like to attend:

- | | |
|---|---|
| <input type="checkbox"/> Pandemic Preparedness (8:00-9:00) | <input type="checkbox"/> Promising Approaches to Enhancing PE (10:30-12:00) |
| <input type="checkbox"/> End of Life (8:00-9:00) | <input type="checkbox"/> Building a Better Blueprint for QAPI (10:30-12:00) |
| <input type="checkbox"/> Prevalent Problematic PICA (8:00-9:00) | <input type="checkbox"/> Fixing Paco: Peer Transplant Education Program (10:30-12:00) |
| <input type="checkbox"/> NHSN Workshop (8:00-10:00) | <input type="checkbox"/> Medical Director Toolkit (10:30-12:00) |
| <input type="checkbox"/> Compassion Fatigue & Turnover (9:00-10:00) | <input type="checkbox"/> Kidney-friendly Cooking Demo (10:30-12:00) |
| <input type="checkbox"/> ESRD Funding (9:00-10:00) | |
| <input type="checkbox"/> Non-alcoholic Fatty Liver Disease (9:00-10:00) | |



**END STAGE RENAL DISEASE
NETWORK OF TEXAS**

4040 McEwen Road, Suite 350, Dallas, Texas 72544
Phone: 972-503-3215 | Fax: 972-503-3219 | www.esrdnetwork.org



Partnering with:  AND **FMQAI: ESRD Network 13**