

2020 SWNC & CRSA Registration Form

To register ONLINE, go to www.swnephrologyconference.org or cardiorenalsociety.org

To register by FAX, complete form and FAX to (602) 845-7966

Please circle credentials below– required for name badge.*

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

Last Name First Name

Street Address City State Zip

Employer Email Address (Required)

Work Phone Cell Phone FAX

*Please list your credentials, as you want them to appear on CME/CEU certificate. How did you hear about the conference?

Registration Fees

Attendee Category	Friday Only	Saturday Only	Both Days
Physicians	\$200	\$200	\$300
PharmD/RPh/NP/PA	\$110	\$110	\$150
RN/RD/SW/Technician/Other	\$110	\$110	\$150
Students & Physicians In Training	\$30	\$30	\$60
Point of Care Ultrasound (Limited to 35 registrants)	NA	NA	\$1000

Early Bird 10% Discounted Prices Shown Above Available Until 9/15/19

Payment Information

CARDHOLDER'S NAME (AS ON CARD): _____

CARDHOLDER'S BILLING ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____

COUNTRY: _____ EMAIL: _____

HOME TELEPHONE: _____ FAX: _____

WORK TELEPHONE: _____

TYPE OF CARD: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ CVV: _____

EXPIRATION DATE: _____ / _____ **TOTAL AMOUNT:** _____

CARDHOLDER'S AUTHORIZED SIGNATURE: _____ **DATE:** _____

Please make checks payable to National Kidney Foundation of Arizona or Cardio Renal Society of America