

**REGISTRATION FOR THE  
2010 NEPHROLOGY CONFERENCE: PATIENT-CENTERED CARE  
THE RENAL NETWORK, INC (Representing Networks 4, 9 and 10)  
APRIL 29, 2010 from 8:00 a.m. to 5:00 p.m.**

Enrollment for the 2010 Nephrology Conference is easy!

Pick the option that works best for you:

1. Mail the registration form (see reverse side of this page) to The Renal Network's address. **All enrollments must be postmarked by April 25, 2010.** We cannot guarantee space in the program if we receive your form after this date.
  
2. Register online at --  
**[http://therenalnetwork.org/home/nephrology\\_conference.php](http://therenalnetwork.org/home/nephrology_conference.php)**

A confirmation letter will be e-mailed to you within two business days of receipt of your form. If you do not receive this confirmation letter after four business days, you may contact The Renal Network at 317/257-8265. **Please note: Enrollment is not complete until you receive this confirmation.**

**Registration Fees**

For registration processed from now until April 25, 2010, there is an **\$80.00** per person fee for the 2010 Nephrology Conference. For registrations processed from April 26 to April 29, the fee is \$100.00. This registration fee includes buffet breakfast, buffet lunch and refreshments.

There is no fee for the special "CROWNWeb Session", to be held from 7:00 p.m. to 9:00 p.m. on Wednesday, April 28, 2010; however, registration for this session is required for catering purposes.

**Cancellations**

All cancellations must be in writing and set to us via U.S. mail, e-mail or fax. Requests for cancellations postmarked or date stamped by April 25, 2010 will be completely refunded. After April 25th, no refunds will be made: Cancellation requests should be made to:

Jan Nagle, Office Manager  
The Renal Network, Inc.  
911 East 86th Street, Suite 202  
Indianapolis, IN 46240

Fax: 317/257-8291  
Email: [jnagle@nw10.esrd.net](mailto:jnagle@nw10.esrd.net)

**CROWNWEB QUESTION**

(Use this space to write your question(s) concerning CROWNWeb. All questions will be compiled and will be answered during the special CROWNWeb Session on April 28, 2010. Please check off the box on the enrollment form so we can provide the appropriate amount of refreshments.)

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*If you are unable to attend the session but have a question, fax it to The Renal Network by April 25th. We will include all questions in a "Q & A" document and it will be posted on our website. Fax: 317/257-8291.*

**REGISTRATION FORM – THE RENAL NETWORK, INC.**  
**2010 NEPHROLOGY CONFERENCE: PATIENT-CENTERED CARE**  
**APRIL 29, 2010 – 8:00 a.m. to 5:00 p.m.**

**Please type or print legibly.** Please photocopy this form for additional attendees. However, one check can be sent in for more than one attendee. ***Enrollment is not final until payment is received.***

First Name\*: \_\_\_\_\_  
Last Name\*: \_\_\_\_\_

} This is how your name will appear on your badge.

Credentials (please check)\*:  MD  DO  RN  MSW / LSW  RD  Other, please indicate \_\_\_\_\_

Company/Institutional Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

(EMAIL WILL BE USED TO SEND YOUR CONFIRMATION LETTER – If email is not available and you would prefer to have your confirmation letter sent to you via FAX, please check here  and be sure you have provided a FAX number above. Thank you.)

**Provisional Fees**

- March 1 - April 25, 2010 = \$80.00
- April 26 - April 29, 2010 = \$100.00

Total provisional fee enclosed: \$ \_\_\_\_\_

Mail your enrollment form/check to:

Jan Nagle, Office Manager  
The Renal Network, Inc.  
911 East 86th Street, Suite 202  
Indianapolis, IN 46240

**Methods of Payment**

Checks (personal or employer) made out to "**The Renal Network, Inc.**" There is a \$25.00 return check fee.

Credit Card

Name on Card\*: \_\_\_\_\_

Type\*:  Visa  MasterCard  American Express

Credit Card Number\*: \_\_\_\_\_

Expiration Date\*: \_\_\_\_ Month / \_\_\_\_ Year

Billing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

\* = Required

**SPECIAL CROWNWEB SESSION REGISTRATION**



Check here if you will attend the special CROWNWeb on April 28, 2010 from 7:00 through 9:00 p.m.

This session will include a brief training/demonstration as well as Q&A. You may use the space on the opposite side of this enrollment form to write your CROWNWeb question, which will be answered during this special session.

**--- Be sure to return both sides of this enrollment form so your CROWNWeb question can be included in our discussion. --**