



# Patient Symposium REGISTRATION

Texas Kidney Foundation Patient Symposium September 4, 2014 San Antonio

Register online at [txkidney.org](http://txkidney.org)

Please print or type legibly:

**1. Check One Or More**  
(as applicable)

- CKD Patient
- Dialysis Patient
- Transplant Recipient
- Medical Professional
- Other:

Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2. Full Names of others attending with me:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Child Care** will not be provided so no children under 18 please.

**3. Total Number of People Attending:** \_\_\_\_\_ X \$5 = \$ \_\_\_\_\_  
Amount Due

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

**Credit Card Information:**

- Visa  MasterCard  Discover  American Express

Name as it appears on card: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

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

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

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Verification Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

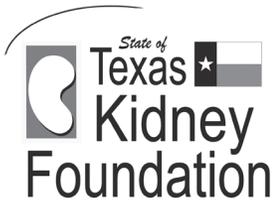
**5. Submit:**

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

Make checks payable to:  
**Texas Kidney Foundation**

**Texas Kidney Foundation**  
**45 NE Loop 410, Suite 255**  
**San Antonio, TX 78216**

**E-Mail: [symposium@txkidney.org](mailto:symposium@txkidney.org) Phone: 210-739-9778 Fax: 210-446-4636**



Patient Symposium  
is an educational program  
of the State of  
Texas Kidney Foundation

**On-Time  
Registration**

On-time registration must  
be submitted (on-line, faxed,  
e-mailed or mailed) on or  
before **August 29th**

**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  
September 2nd.

**Office Use Only:**

Date Received \_\_\_\_\_  
Invoice Date \_\_\_\_\_  
Payment Received \_\_\_\_\_

**Thank You for Your Registration!**