



RPA 2011 Annual Meeting - Registration Form

Registration Information - Please print clearly

First Name _____ Last Name _____ Suffix _____
 Nickname _____ Guest/Spouse Name _____
 Practice/Facility _____
 Address _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email _____

Registration Fees

Fees include meeting materials, continental breakfasts, breaks, receptions and administrative costs for CME certification; fee does NOT include the 16th Annual AAKP Dinner. Lunch is on your own.

Reduced Fees for RPA Members <i>2010/2011 dues must be paid in full</i>	Early-Bird <i>Register by January 15</i>	Regular Registration	Fee Due
<input type="checkbox"/> Physician Members	\$435	\$535	
<input type="checkbox"/> Physician Assistant Members	\$350	\$450	
<input type="checkbox"/> Practice Manager Members	\$350	\$450	
<input type="checkbox"/> Advanced Practice Nurse Members	\$350	\$450	
<input type="checkbox"/> Federal Employee/ESRD Network Staff	\$265	\$365	
<input type="checkbox"/> Industry Representatives	\$600	\$700	
<input type="checkbox"/> Exhibiting Company Representative	\$415	\$415	
<input type="checkbox"/> Corporate Patron	\$435	\$435	
<input type="checkbox"/> Renal Fellow Members	\$0	\$0	
Registration Fee Subtotal			\$

Non-Member Registration Fees

Apply to become a member today and attend the meeting at the member rate!

Fees for Non-RPA Members	Early-Bird <i>Register by January 15</i>	Regular Registration	Fee Due
<input type="checkbox"/> Physician Non-Members	\$790	\$890	
<input type="checkbox"/> Physician Assistant Non-Members	\$575	\$675	
<input type="checkbox"/> Practice Manager Non-Members	\$575	\$675	
<input type="checkbox"/> Advanced Practice Nurse Non-Members	\$575	\$675	
<input type="checkbox"/> Renal Fellows Non-Members	\$0	\$0	
Non-Member Registration Fee Sub Total			\$

Social Events

By registering for the meeting, you are also registered for both the Welcome and President's Reception.

If you plan to bring a guest to either reception, please complete the info on the left:

Social Events	Price	# of Guests	Fee Due
<input type="checkbox"/> Sweet Dreams Welcome Reception - March 17, 9pm	\$55 per reception per additional ticket for guest(s)		
<input type="checkbox"/> President's Reception - March 19, 6pm			
Social Events Sub Total			\$

Total Fees	
Registration Fee	
Social Events Fee	
<i>Sub Total</i>	\$

Payment

Check Enclosed (Please only mail check payments with the registration form; Check must be made payable to RPA)

Visa **Master Card** **AMEX** **Discover**

Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

PLEASE TO RETURN THIS COMPLETED FORM TO RPA:

RPA | 1700 Rockville Pike, Ste 220 | Rockville, MD 20852 | www.renalmd.org | 301-468-3515 | 301-468-3511 (FAX)