



RPA 2012 Annual Meeting - Registration Form

Registration Information - *Please print clearly*

First Name _____ Last Name _____ Suffix _____
 Nickname _____ Birth Date _____
(Birth date is required for unique CME identifier)
 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	\$450	\$535	
<input type="checkbox"/> Physician Assistant Members	\$365	\$450	
<input type="checkbox"/> Practice Manager Members	\$365	\$450	
<input type="checkbox"/> Advanced Practice Nurse Members	\$365	\$450	
<input type="checkbox"/> RPA Corporate Patron	\$450	\$450	
<input type="checkbox"/> RPA Past President	\$225	\$225	
<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	\$675	\$725	
<input type="checkbox"/> Physician Assistant Non-Members	\$540	\$590	
<input type="checkbox"/> Practice Manager Non-Members	\$510	\$590	
<input type="checkbox"/> Advanced Practice Nurse Non-Members	\$510	\$590	
<input type="checkbox"/> Federal Employee/ ESRD Network Staff	\$280	\$365	
<input type="checkbox"/> Industry Representatives	\$615	\$700	
<input type="checkbox"/> Exhibiting Company Representative	\$450	\$450	
<input type="checkbox"/> Renal Fellow Non-Members*	\$0	\$0	
Non-Member Registration Fee Sub Total			\$

Total Registration Fee \$

*Fellows must provide the name of their training program director to be eligible for the travel grant.

(Please Print Director's Name) _____

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: _____

CANCELLATION

A \$100 cancellation fee applies to cancellations received on or before **February 17, 2012** RPA **cannot** issue refunds after February 17, 2012.

PLEASE 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)