



SCIENTIFIC MEETING REGISTRATION FORM

Full Name _____

Credentials _____

NPI # (Physicians only) _____

Preferred First Name for Badge _____

Company Name _____

Title _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country (if not U.S.) _____

Phone _____

Fax _____

Email _____

Please indicate primary specialty affiliation:

- ☐ Interventional Nephrologist
- ☐ Non-Interventional Nephrologist
- ☐ Interventional Radiologist
- ☐ Surgeon
- ☐ Other (please specify)

Primary reason for meeting attendance?

- ☐ Location
- ☐ Exhibits
- ☐ CME
- ☐ Collegial Networking
- ☐ Value of registration fee
- ☐ Overall topics and faculty
- ☐ Other (please specify)

Practice Setting (check all that apply)

- ☐ Hospital-based Access Center
- ☐ Ambulatory Surgery Center
- ☐ Hospital
- ☐ Free-standing Access Center
- ☐ University-based Access Center
- ☐ Other (please specify)

Is this your first time attending an ASDIN Meeting?

- ☐ Yes
- ☐ No

MEETING REGISTRATION ONLY

- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> \$500 | Member – Physician |
| <input type="checkbox"/> \$750 | Non-Member – Physicians |
| <input type="checkbox"/> \$325 | Member – Associates or Fellows |
| <input type="checkbox"/> \$450 | Non-Member – Associates or Fellows |

ADVANCED TECHNIQUES PRE-COURSE ONLY

- | | |
|--------------------------------|------------|
| <input type="checkbox"/> \$375 | Member |
| <input type="checkbox"/> \$500 | Non-Member |

COMBINED – MEETING & ADVANCED TECHNIQUES PRE-COURSE

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> \$850 | Member – Physicians |
| <input type="checkbox"/> \$625 | Member – Associates or Fellows |
| <input type="checkbox"/> \$1,050 | Non-Member – Physicians |
| <input type="checkbox"/> \$750 | Non-Member – Associates or Fellows |

ADMINISTRATOR/MANAGER PRE-COURSE ONLY

- | | |
|--------------------------------|------------|
| <input type="checkbox"/> \$325 | Member |
| <input type="checkbox"/> \$375 | Non-Member |

COMBINED – MEETING & ADMINISTRATOR PRE-COURSE

- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> \$425 | Member – Associates or Fellows |
| <input type="checkbox"/> \$600 | Member – Physicians |
| <input type="checkbox"/> \$550 | Non-Member – Associates or Fellows |
| <input type="checkbox"/> \$850 | Non-Member – Physicians |

Exhibitor Badge:

- ☐ \$125
_____ Number of badges

Meal Preference:

- ☐ Check here if vegetarian lunch is required.

Total Payment: \$ _____

- ☐ Check made payable to ASDIN
- ☐ Credit Card payment

For additional information:

Phone: 601-924-2220
www.asdin.org

ASDIN Exhibitors will be using lead retrieval software to better track their interaction with our ASDIN attendees. Each Scientific Meeting registrant's badge will include a unique 8-digit ID number on the badge. When this number is provided to an exhibitor with the iLeads addition, each attendee who provides his 8-digit ID number to an exhibitor will receive an email following the meeting which will outline the booths that they visited.

- ☐ To opt out of this program, please mark check box

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