

# 2019 RPA Annual Meeting Registration

**PLEASE PRINT CLEARLY**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_ Practice/Facility \_\_\_\_\_  
(required for CME)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**REGISTRATION FEES:**

Fee includes meeting materials, continental breakfasts, breaks and administrative costs for CME certification. Does NOT include the pre-conference workshops. Lunch is on your own.

Reduced Fees for RPA Members <i>2019 dues must be paid in full</i>	Early Bird <i>Register by Dec. 31st</i>	Regular Registration	Fee Due
Physicians	\$499	\$599	
Young Physicians (40 and under)	\$420	\$520	
Advanced Practitioners (NP and PA)	\$399	\$499	
Practice Managers	\$399	\$499	
RPA Retired Physician	\$275	\$375	
RPA Past President	\$275	\$375	
RPA Corporate Patron	\$499	\$599	
Renal Fellows	\$0	\$0	
<b>Registration Fee Subtotal: \$</b>			

Fees for Non-RPA Members	Early Bird <i>Register by Dec. 31st</i>	Regular Registration	Fee Due
Physicians	\$599	\$699	
Young Physicians (40 and under)	\$520	\$620	
Advanced Practitioners (NP and PA)	\$499	\$599	
Practice Managers	\$499	\$599	
Industry Representatives	\$699	\$799	
Exhibiting Company Representatives	\$599	\$699	
Renal Fellows	\$0	\$0	
<b>Registration Fee Subtotal: \$</b>			

\*A \$100 cancellation fee applies to meeting cancellations received on or before February 28, 2019.

\*Refunds cannot be given after February 28, 2019. For more savings, join online and register at the member rate.

**PRE-CONFERENCE WORKSHOPS:**

*Both workshops run concurrently. <i>(Please select only one)</i>	EARLY BIRD <i>Register by Dec. 31st</i>		REGULAR <i>*As of Jan. 1st 2019</i>		Fee Due
	Member	Non-Member	Member	Non-Member	
<b>Fundamentals of Nephrology Coding &amp; Billing Workshop</b>	\$425	\$525	\$475	\$575	
<b>Leadership Workshop</b>	\$575	\$675	\$625	\$725	

**Pre-Conference Workshop registrants:**

If you attend a pre-conference workshop take 10% off your annual meeting registration ONLY.

\*If you have already registered for a pre-conference workshop ONLINE, please enter the promo code from your online registration when completing this form:

**PROMO CODE:** \_\_\_\_\_

**Single Invoice Practice (SIP) participants:**

Any SIP participant from the same practice can receive additional savings toward their annual meeting registration. When one SIP participant registers at **full price**, each **additional** member can apply a 20% discount toward their registration fee.

**Annual Meeting (Please select the event you are interested in attending):**

- Thursday, March 28, 2019
  - Welcome Reception
- Saturday, March 30, 2019
  - President's Reception

**EMERGENCY CONTACT INFORMATION (REQUIRED):**

Cell phone numbers will ONLY be used if we need to reach you in a case of emergency.

\*Cell Phone Number \_\_\_\_\_

\*Emergency Contact Name \_\_\_\_\_

\*Emergency Contact Phone \_\_\_\_\_

**DIETARY RESTRICTIONS:**  Vegetarian  Gluten Free  Other \_\_\_\_\_

**FIRST TIME ATTENDEE:**  Yes  No

**ADA COMPLIANCE:** RPA fully intends to comply with the legal requirements of the Americans with Disabilities Act. If any participant of the conference is in need of accommodations, please do not hesitate to contact the office at 301-468-3515 or [meeting@renalmd.org](mailto:meeting@renalmd.org).

**PHOTOGRAPHS:**

RPA plans to take photographs at the 2019 RPA Annual Meeting and reproduce them in RPA educational, news or promotional material, whether in print, electronic or other media, including the RPA website. By participating in the 2019 Annual Meeting, you grant RPA the right to use your photograph for such purposes. All postings become the property of RPA.

\*I have read the above stated policies.  Yes

**TOTAL FEES:**

Registration Fees \$ \_\_\_\_\_ + Pre-conference \$ \_\_\_\_\_ = Total Due \$ \_\_\_\_\_

**PAYMENT:**

- Check Enclosed (Mail check payments with the registration form; check made payable to RPA)
- Visa  Master Card  AMEX  Discover

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**SEND YOUR COMPLETED FORM:**

By Fax: 301-468-3511  
By Email: [meeting@renalmd.org](mailto:meeting@renalmd.org)  
By Mail: 1700 Rockville Pike, Suite 220 • Rockville, MD 20852