



2019 Nephrology Coding & Billing Workshop

Registration Form

REGISTRATION FEES:

To qualify for the Member registration fee, the **registrant** must be a member of RPA. Non-members must register at the Non-member fee.

Rates:

RPA Member..... \$475

Non-Member..... \$575

There is a \$75 cancellation fee for cancellations **on or before February 28th. No refunds will be issued **after February 28th**.*

WORKSHOP MATERIALS: **Hard Copy Workbook** \$45 (optional)

The workbook for the meeting will be emailed to all registrants as a PDF approximately two weeks prior. If you prefer a hard copy of the workbook, there is an additional fee required (please mark box above). The workbook will be distributed at the workshop.

REGISTRANT INFORMATION:

First name _____

Last name _____ Credentials _____

Practice name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

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 _____

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.

PHOTOGRAPHS:

RPA plans to take photographs at the 2019 Nephrology Coding and Billing Workshop 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 Nephrology Coding and Billing Workshop, 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

PAYMENT INFORMATION:

Check (payable to RPA)

Credit Card:

MasterCard

VISA

American Express

Discover

Card number _____ Exp. Date _____

Name on card _____

Signature of cardholder _____

Registration Options:

Online: <https://www.renalmd.org/page/nephrologycoding>

Fax: 301-468-3511

Mail: RPA –Nephrology Coding & Billing Workshop
1700 Rockville Pike Suite 220 • Rockville, MD 20852