



# 2019 RPA Leadership 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.

	<b>*Early Bird</b> <small>*Rate ends 12/31/2018</small>	<b>Regular</b> <small>(Rate starts 1/1/2019)</small>
RPA Member.....	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625
Non-Member.....	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725

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

### 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](mailto:meeting@renalmd.org).

### PHOTOGRAPHS:

RPA plans to take photographs at the 2019 Leadership 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 Leadership 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/general/custom.asp?page=LeadershipWorkshop>

**Fax:** 301-468-3511

**Mail:** RPA –Leadership Workshop  
1700 Rockville Pike Suite 220 • Rockville, MD 20852