Scientific Meeting Registration Form

Full Name_____

Credentials_____

NPI # *(Physicians only)*_____

Preferred Name for Badge_____

Company Name_____

Title_____

Address_____

City/Province_____

State_____

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
- ❑ CMS
- ❑ 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

ASDIN Exhibitors will be utilizing 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 software, your name, address, phone number and email will be captured by the software. In 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

MEETING REGISTRATION ONLY

- ❑ $425 Member – Physicians
- ❑ $675 Non-Member – Physicians
- ❑ $250 Member – Associates or Fellows
- ❑ $375 Non-Member – Associates or Fellows

ADVANCED TECHNIQUES PRE-COURSE ONLY

- ❑ $300 Member – Physicians or Fellows
- ❑ $425 Non-Member – Physicians or Fellows

ADMINISTRATOR/MANAGER PRE-COURSE ONLY

- ❑ $250 Member
- ❑ $300 Non-Member

COMBINED – MEETING & ADVANCED TECHNIQUES PRE-COURSE

- ❑ $725 Member – Physicians
- ❑ $550 Member – Fellows
- ❑ $975 Non-Member – Physicians
- ❑ $675 Non-Member – Fellows

COMBINED – MEETING & ADMINISTRATOR PRE-COURSE

- ❑ $350 Member
- ❑ $475 Non-Member

Meal Preference:

❑ Check here if vegetarian lunch required

$75 late fee applies after January 23, 2013

Total Payment: $_____

❑ **Check** made payable to ASDIN

❑ **Credit Card:** ❑ AMEX ❑ VISA ❑ MasterCard

Card #:_____

Card Security Code:_____ Exp. date (mm/yy):_____

Cardholder's Name (printed):_____

Signature:_____

Billing Address:_____

City/St/Zip:_____

Send completed form to:
ASDIN • 134 Fairmont Street, Suite B • Clinton, MS 39056
Phone: 601-924-2220 • www.asdin.org
Email: info@asdin.org • Fax: 601-924-0720

Please see ASDIN website for refund policy and additional program information.

ASDIN and its designated agent(s) are expressly authorized and granted the right to photograph Registrant and to use photographs of Registrant for promotional materials related to ASDIN and/or the ASDIN Scientific Meeting. Please contact the ASDIN office to opt out of this photography release.