CiDA
Controversies in Dialysis Access

CiDA 2019 | Oct. 30th - NOV. 1st, 2019
SoDA 2019 | OCTOBER 30th, 2019
Manchester Grand Hyatt, San Diego, CA

REGISTRATION

First Name: Last Name:

Designation: ❑MD ❑DO ❑PhD ❑PA ❑LPN ❑NP ❑RN ❑RT ❑RT(R) ❑RVT ❑Other:

Home Address:

City: State: Postal Code: Country:

Medical Center/Hospital/Company:

Daytime Phone: Mobile Phone:

E-mail Address (Required to receive confirmation & certificate information):

Pursuant to the Americans with Disabilities Act, please specify any special services you require:

State(s) of Professional Licensure:

License Number: *(As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)*

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN	ALLIED HEALTH PROFESSIONAL	INDUSTRY/NON-CLINICAL
❑ Cardiology	❑Administrative Support Staff	❑Industry Professional
❑ Nephrology	❑Nurse Practitioner	❑Engineer
❑ Surgery	❑Physician Assistant	❑Scientist
❑ Radiology	❑Technologist	❑Other: _____
❑ Other _____	❑Registered Nurse	
	❑ Other: _____	

REGISTRATION FEES

	Early Bird Until August 2	Regular August 3 – November 1
Physician	❑ $750	❑ $850
Fellow/Resident	❑ $525	❑ $625
Allied Health Professional	❑ $525	❑ $625
Industry Professional, Scientist, Engineer, Non-clinical	❑ $850	❑ $950
SoDA Course (Pre CiDA Skills Training)	❑ $250	❑ $250

DEMOGRAPHIC INFORMATION

What contributed most to your registration?

❑ Recommendation by Colleague or Friend
❑ Recommendation by an Industry Representative
❑ Information at Other Meetings
❑ Other (Please specify)_____
❑ CCM Website (www.ccmcme.com)
❑ Email/Electronic Newsletter
❑ Mailed Postcard/Brochure

Age Group

❑ Under 30
❑ 30-40
❑ 41-50
❑ 51-60
❑ 61 and over

PAYMENT INFORMATION

❑Visa ❑MC ❑American Express ❑Check *(To: Complete Conference Management)*

Card Number: Expiration Date: Security Code:

Name on card: Card Billing Address:

Authorized Signature: Date: **Total Charge/Enclosed:**

Cancellation requests received in writing by Friday, October 4, 2019, will be refunded, less a $50 administrative fee. Requests received after Friday, October 4, 2019 will not be refunded.

Send registration and check payment to: Complete Conference Management, 8333 NW 53 Street, #450, Doral, FL 33166

COMPLETE CONFERENCE MANAGEMENT | UMA
A DIVISION OF ULTIMATE MEDICAL ACADEMY

This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.