

## ATTENDEE FORM

### “THE IMPORTANCE OF DIALYSIS TECHNICIANS AS PART OF THE HEALTH CARE TEAM”

April 15, 2010: The Sheraton Hotel - Portsmouth, New Hampshire

April 22, 2010: Sturbridge Host Hotel – Sturbridge, Massachusetts

ALL ATTENDEE FORMS AND CHECKS ARE DUE BY APRIL 1, 2010

- You are not officially listed as an attendee until your personal or facility check of \$45.00 has been received at the Network office. No written confirmation will be sent, but you can call the Network office for verification. If your facility is issuing a group check, copies of ALL the attendee forms must be enclosed with the check. All deadlines apply – NO EXCEPTIONS.
- CANCELLATION POLICY: Reservations for this meeting may be cancelled prior to April 8<sup>th</sup>, 2010 without penalty. After that time the meeting fee will be non-refundable.
- Please be prepared to verify the required attendance sheets on site.

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PLEASE CHECK WHICH DATE AND LOCATION YOU HAVE CHOSEN, AND ENCLOSE THE REGISTRATION FEE OF \$45.00:

“ April 15, 2010 at the Sheraton Hotel in Portsmouth, New Hampshire

Room Reservations must be received no later than March 13, 2010 for \$141 per night with cancellation 24 hours prior to arrival. Parking is free for all day directly across the street from the main entrance or \$15 daily at the underground parking lot.

OR

“ April 22, 2010 at the Sturbridge Host Hotel in Sturbridge, Massachusetts

Room Reservations must be received no later than April 8, 2010 for \$129 per night with cancellation 24 hours prior to arrival. Parking is free.

*Please make checks payable to:  
(No credit cards please.)*

ESRD Network of New England, Inc.  
30 Hazel Terrace - Suite 14  
Woodbridge, CT 06525

NAME & CREDENTIALS: \_\_\_\_\_  
(As you would like it to appear on your nametag)

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ DAYTIME FAX: \_\_\_\_\_

DAYTIME EMAIL: \_\_\_\_\_

FACILITY \_\_\_\_\_ MEDICARE PROVIDER #: \_\_\_\_\_

TITLE/POSITION IN FACILITY: \_\_\_\_\_

For confirmation or questions, contact Terri Ross - [tross@nwl.esrd.net](mailto:tross@nwl.esrd.net) or  
Cynthia Lambert, RN - [clambert@nwl.esrd.net](mailto:clambert@nwl.esrd.net) PHONE: 203-387-9332 FAX: 203-389-9902