

Registration Form

Name: _____

Age _____ Ethnicity _____ Gender _____

County _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

*One family member or friend may attend with you free of charge.
All others will be charged \$25.00 per person to cover meal costs.*

Total Number of People Attending: _____

Please check all of the following that apply:

Hemodialysis Patient Kidney Transplant Recipient
 Peritoneal Dialysis Patient Family/Friend of Patient

Huntsville Registration Due
September 1, 2012

Mail or fax your registration form to:
Alabama Kidney Foundation
P.O. Box 18593
Huntsville, AL 35804

Fax: 866-407-2490
Phone: 256-975-0000

A L A B A M A
K I D N E Y
F O U N D A T I O N