

KIDNEYWEEK²⁰¹⁵

San Diego, CA • Nov 3-8

ADVANCED REGISTRATION LIST ORDER FORM

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | 2015 PRE-REGISTERED ATTENDEES - \$700 (List will be available after September 23, 2015) | \$ _____ |
| <input type="checkbox"/> | 2015 TOTAL ATTENDEES LIST (over the 1 complimentary list) - \$800 (Available 2-3 weeks after the show) | \$ _____ |
| | TOTAL | \$ _____ |

FORMAT: EXCEL SPREADSHEET – SENT VIA EMAIL ONLY!

DEADLINE TO ORDER ADVANCED REGISTRATION LIST – OCTOBER 13, 2015

Rental Agreement: The ASN Registration List is available to rent for a one-time use only per purchase and can only be purchased twice (once prior to the meeting and once after the conclusion of the meeting). Renters will be billed for any subsequent unauthorized use. Anyone wishing to rent the ASN registration list must sign the following paragraph and return the form (along with full payment and a copy of the mailing materials) to ASN in order to begin the rental process. Attendee Lists are only available to companies who exhibit or sponsor with ASN.

I _____, representing _____, request permission to rent the ASN registration list. I understand that if my request is approved, I may use the registration list to send **ONE** mailing of the material that has been approved. I understand that copies of the list or entering the list into my own computer is a violation of the rental agreement and the ASN copyright, and I agree not to replicate the list in any way or use it to create my own list. If I should use the list again without authorization, I understand that I will be liable for additional rental fees plus subject to legal action.

You must submit full payment, a copy of the promotional mailing materials, and completed ASN Rental Agreement form to begin the approval process. **You must include a copy of your mailing materials or your request will not be processed. DO NOT print your promotional piece BEFORE it has been reviewed and approved.**

Name: _____ Booth: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Payment: Orders cannot be processed without payment. Check or credit card information must accompany the form. Orders are non-refundable after processing. Please allow three business days for processing.

Checks payable to the American Society of Nephrology, Meetings Department, 1510 H Street, NW, Suite 800, Washington, DC 20005. Credit card orders may be faxed to: 202-478-2157. Electronic requests and submissions should be sent to: meetings@asn-online.org.

Check Payment: Check VISA MC AMEX Exp. Date: _____

_____/_____
Signature (REQUIRED) Card #

Please contact meetings@asn-online.org with questions.