



NRAA 2010 Day on the Hill
May 6, 2010 • Four Points Sheraton, Washington DC

Dialysis Patient Complimentary Registration Form
For patients traveling with dialysis facility administrators

*For additional registrations, photocopy this form. Please print clearly.
Provide name and facility information as you wish it to appear on your badge.*

Name _____

Dialysis Facility Name _____

Address _____

City _____ State _____ Zip _____

Name of Administrator I will be traveling with _____

Administrator's Daytime Phone _____

Administrator's Daytime E-mail _____

Wednesday Evening Reception

- Yes, I plan on attending
- No, I do not plan on attending

Thursday Morning Debriefing

- Yes, I plan on attending
- No, I do not plan on attending

Financial Assistance

If financial assistance is requested please complete the following "Request for Reimbursement of Patient Expenses" form. THERE ARE LIMITED FUNDS AVAILABLE to be distributed on a first come, first serve basis. Please contact the NRAA for all patient hotel room reservations.

Fax completed request form along with this registration form to NRAA Headquarters at (215) 963-9785.

National Renal Administrators Association

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