

The Forum of ESRD Networks Presents:

Creating a Culture of Quality

Achieving Quality: Reconciling Competing Goals

Guidelines, Incentives, Patient Centered Care, Shared Decision Making...

How do we judge quality?



March 23-24, 2015

Baltimore Marriott Inner Harbor at Camden Yards

110 South Eutaw Street, Baltimore, MD

~ Exhibitor Registration Form ~

Primary Contact: _____

Title: _____

Company: _____

Address: _____

Phone: () _____

Email address: _____

The registration fee of \$1500 allows for two of your representatives to join us. Please use the space above to list the primary contact person for meeting-related communications. Use the next page to list the name of the company representative(s) who will be attending the meeting. If not known at this time, please call or FAX the information to me prior to the meeting.

The registration fee includes an exhibitors table on Monday & Tuesday as well as the lunch & reception on Monday. Please include attendee information below and indicate whether he/she plan(s) to attend the reception on Monday evening (23rd).

If more than two company representative plans to attend the meeting, there is an additional fee of \$100.00 per person. Be sure to list the names of any additional attendees where indicated below.

- The Forum of ESRD Networks has reserved a block of rooms at the Baltimore Marriott Inner Harbor at Camden Yards Hotel under the block name "Quality Conference".
- Exhibit materials may be shipped to the hotel up to two days prior to the meeting and set-up on Monday morning will start at 6:30 am.

As mentioned in the cover letter, we would also welcome support of the conference through the sponsorship of breaks, lunch or the Monday evening Reception. All sponsoring organizations will be recognized in the conference program and a placard will be displayed during the selected meal/break/reception. Please consider these additional opportunities as you complete the registration form and call the Forum Office if you have other ways in which you would like to support this conference.

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Meeting Attendees

Representative's Name	E-mail address	Phone number	Reception Y or N
1.			
2.			

Additional Representatives (if applicable)

Additional attendees are welcome, but space is limited. We can provide only one table for each company. There is a \$100.00 fee for each additional person. This includes the option to join the reception on Monday evening. Please use the following grid to list any additional representatives expected to be attend.

Full Name	Title	Reception Y or N

Company name: _____

Exhibitor's Registration fee: \$ 1500.00

_____ Additional attendees x \$100.00 + _____

Yes, we would like to sponsor the following event(s):

- Co-Sponsorship of 1 of the 3 Beverage/Snack Breaks (\$ 750.00) + _____
- Full Sponsorship of 1 of the 3 Beverage/Snack Breaks (\$ 1,500.00) + _____
- Full Sponsorship of the Wine & Cheese Reception on Monday 3/23 (\$ 5,000.00) + _____
- Full Sponsorship of the Lunch on Monday 3/23 (\$ 9,000.00) + _____

Total amount enclosed: \$ _____

[] Payment is not enclosed at this time. A check is being processed and will be sent to the Forum of ESRD Networks (a 501(c)3 organization) prior to the meeting date.

**Please note - payment must be received no later than February 20, 2015, to reserve an exhibitor space.*

Return this form along with the registration fee payable to:
 The Forum of ESRD Networks (Forum's Federal Tax ID number is 13-3246354)

Your support is appreciated!

Send registration & check to: Forum of ESRD Networks
 Attn: Dee LeDuc, Forum Coordinator
 PO Box 203
 Birchwood, WI 54817
 Email: forumcoord@centurytel.net
 Phone: (715) 354-3735
 FAX: (888) 571-2065

~ Please submit this 2-page registration form no later than Friday, January 30, 2015 ~

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(410) 962-0202

The Conference General Sessions will be held in the Grand Ballroom and Salon DEF
Exhibitors, Posters, Breaks will be set in Salon ABC
Monday's lunch will be served in the University Ballroom

