

CNSW Northwest Chapter Fall Conference

November 8, 2019

CREDIT CARD REGISTRATION

Name (first and last) _____

Title/Credentials _____

Employer _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Phone (_____) _____ Fax (_____) _____

Registration Fees:

I can attend - \$120.00

Student - \$45.00

Live Stream - \$45.00

Method of Payment: (Please print clearly)

MasterCard Visa AmEx Discover

Credit Card # _____

CID# _____ Expiration Date _____

Amount to be charged \$ _____

Cardholder's Name (print) _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

***** Must be postmarked by November 1, 2019 *****

Please Mail Form To:

Sarah Boggs

DaVita Kent

21851 84th Avenue South

Kent, WA 98032

Securely efax form with credit card information to 1-253-872-5474



National Kidney Foundation®