



UK Renal Pharmacy Group 2008 Conference

Friday 19th –Saturday 20th September 2008

The Manchester Conference Centre, Weston Building, Sackville Street, Manchester M1 3BB

Registration Form

Please note the Conference is ONLY open to RPG members and RPG Corporate Sponsors
If you need a membership application form, please contact the Secretariat

PERSONAL DETAILS

Membership No: _____
Title: _____ First Name: _____ Last Name: _____
Hospital / Company: _____
Job Title: _____

PRIVATE ADDRESS:

Address / Street _____
Town _____
County _____
Postcode _____
Tel _____
Fax _____
Email _____

PROFESSIONAL ADDRESS:

Company / Hospital _____
Department _____
Address / Street _____
Town _____
County _____
Tel _____
Fax _____
Email _____

PREFERRED MAILING ADDRESS

Private Professional

EARLY - FULL REGISTRATION FEE - ON OR BEFORE JULY 28TH - £250.00
NORMAL FULL REGISTRATION FEE AFTER JULY 28TH - £275.00

2-DAY CONFERENCE REGISTRATION

Please complete the following:

I will / will not* require overnight accommodation on the night of Friday 19th September
**(delete where appropriate)*

I will attend the dinner on Friday 19th September at 20:15

Special Dietary Requirements (Please state)

WORKSHOPS

I would like to attend the following workshops: (Please indicate your preference from -The Beginners Workshop (optional) and nos: 1-4 on Friday pm, and from nos: 5-8 on Saturday am

FRIDAY, 19TH SEPT

- Beginners introduction to HD & PD 11.15 Fri (optional)
- 1 Pharmacist Prescribing
- 2 Immunosuppression Strategies
- 3 Renal Anaemia
- 4 Critical Appraisal & Health Economics

SATURDAY, 20TH SEPT

- 5 Clinical Pharmacokinetics (Beginners)
- 6 PD Complications
- 7 Current Issues In Practice
- 8 CKD Across The Interface

Please make cheques payable to The Renal Pharmacy Group and attach to registration form and send to Secretariat address. If you require an invoice, please supply full name & address of the person/hospital who will be paying the registration fee.