



NEW MEXICO
KIDNEY
FOUNDATION

14TH Annual Southwest Nephrology Symposium

Mail this completed form to:

New Mexico Kidney Foundation
PO Box 92437
Albuquerque NM 87199

Please make check or money order payable to NM Kidney Foundation. Attach the check or money order to this form.

Please select your payment method

☐

Paid Online

☐

Check or Money Order Attached

Name/Title _____

Email (print clearly) _____

Place of employment _____

Address/City/State _____

**Please list any patient that
passed away this past year
that you would like to honor
during our memorial tribute** _____

Your \$40 registration fee will be used or the NM Kidney Foundation's Dental Scholarship Program. This patient assistant program is designed to assist renal patients that are in need of dental clearance in order to complete their renal transplant workup.

501(c)(3) Non-Profit.
Tax ID 47-5504391

PO Box 92437
Albuquerque NM 87199

(505) 369-6788
info@nmkidney.org

More information:
www.nmkidney.org