



**Canadian Society of Nephrology
2009 Annual General Meeting
The Westin Edmonton
Edmonton, AB
May 10 – 13, 2009**

OVERVIEW

EVENT SCHEDULE

Sunday, May 10, 2009	08:00-12:30 13:30-17:00 17:15-19:00 19:00-21:00	CME Half Day AGM Reception with Corporate Sponsors Satellite Symposia
Monday, May 11, 2009	08:30-15:30 15:30-17:00 17:00-18:30 19:00	AGM Poster Presentations Annual Business Meeting Gala Dinner
Tuesday, May 12, 2009	08:30-13:00 13:00-17:30 18:30	AGM Review Course Career Night/Trainee Dinner
Wednesday, May 13, 2009	08:00–17:30	Review Course

FEE SCHEDULE

Event	Pre-Registration Fee (before April 10 th , 2009)	Registration Fee (as of April 11 th , 2009 and on site)
CME Half Day	Fee for CME included in AGM Registration Fee	Fee for CME included in AGM Registration Fee
Annual General Meeting		
CSN Active	\$200	\$300
CSN Non MD	\$125	\$225
Trainee	\$ 0	\$ 50
Non-CSN	\$250	\$350
*Corporate Rep	\$200	\$300
Review Course		
Trainee	\$175	\$250
Non-Trainee	\$250	\$350
<i>Review Course Not Open to Corporate Representatives</i>		

**Corporate Representatives should contact the CSN Secretariat prior to registering as method of registration is determined by the type of sponsorship provided by your Company to the annual meeting.*

Registration Cancellation Policy: Cancellation must be received in writing by the CSN Secretariat on or before **April 24, 2009**. An administration charge of **\$25** will apply to ALL refunds.
Refund will not be issued until after the meeting.

Registration Form

Identification Information

Last Name: _____ First Name: _____ Dr/Mr/Mrs/Ms _____

Institution/Hospital: _____
(This information will be displayed on your name tag.)

Street Address: _____

Province: _____ Country: _____ Postal Code: _____

Email: _____

Telephone: _____ Fax: _____

Type of Member:

CSN Active Member

CSN Non-MD Member

Non CSN Member

Trainee

Corporate Representative

**Corporate Representatives should contact the CSN Secretariat prior to registering as method of registration is determined by the type of sponsorship provided by your Company to the annual meeting*

If you selected Trainee above, please select the appropriate type:

Pediatric Nephrology

Adult Nephrology

Internal Med

PGY1

PGY2

PGY3

PGY4

PGY5

Fellow

Basic Science Trainee

Basic Science Undergraduate student

Basic Science Graduate student

Basic Science Post-Doctoral fellow

CME Half Day: The Role of Uric Acid in Human Hypertension

Sunday, May 10, 2009

08:00am – 12:30 pm

Registration fees for CME Day are included in the AGM registration fee. You must be registered for the AGM in order to attend CME Day.

I will attend: Yes No

Annual General Meeting

AGM commences 13:30 Sunday, May 10 and ends at 13:00 on Tuesday, May 12, 2009

I will attend: Yes No

Please note that the following events will be held on Sunday, May 10, 2009

- 15:00 – 17:00** Top Trainee Presentations – Adjudicated by Panel
- 17:15 – 19:00** Wine & Cheese Reception with Corporate Sponsors
- 19:00 – 21:30** “Satellite Symposia: Raising Our Sights....New Direction for the Future of Kidney Care” sponsored by AMGEN Canada Inc. and The Kidney Foundation of Canada (Registration for this event will be arranged directly by AMGEN)

CSN Gala Awards Dinner

Monday, May 11th, 2009
The Fairmont Hotel MacDonald
10065 100th Street
Edmonton, Alberta

18:30 Cocktails
19:00 Dinner
Dinner tickets \$100/person

Featuring:

- Presentation of Trainee Awards and KRESCENT Awardees
- A live auction: Dr. Patrick Parfrey, Auctioneer

I will attend: Yes No

Appetizer

Soup

Roma Tomato Bisque with Boursin Crème Fraiche and Pearl Pasta

Salad

Baby Spinach and Frisee Salad with Poached Pear
Raspberry Vinaigrette and Candied
Pecans

~~~~~

**Palate Cleanser**

Champagne and Mandarin Granité

~~~~~

Entrée (Regular)

Slow Roasted Garlic Rubbed Premium Alberta Prime Rib
Pan Jus

Entrée (Vegetarian)

Pecan and Panko Crusted Goat's Cheese
Toasted Quinoa with Artichoke, Asiago and
Scallions

~~~~~

**Dessert**

Field Berry and Vanilla Bean Crème Brulée  
Maple Walnut Ice Cream

Please reserve \_\_\_\_\_ tickets @ \$100 each  
Total \$\_\_\_\_\_

**Deadline to purchase dinner tickets is Friday, May 9, 2009.**

**Dinner Cancellation Policy:** No refunds for dinner tickets will be issued after **May 9, 2009.**

**Special Dietary Requirements** – We will try our best to accommodate requests. Please indicate any special requests for nutrition breaks/lunches at the annual meeting.

## Review Course

Tuesday, May 12<sup>th</sup> and Wednesday, May 13<sup>th</sup>

I will attend:     Yes             No

**If you answered yes, please select *please select one workshop in each time slot:***

**Tuesday, May 12<sup>th</sup>**

|                      |       |                                           |                      |
|----------------------|-------|-------------------------------------------|----------------------|
| <b>16:00 – 17:30</b> | _____ | Anemia                                    | Dr. Adeera Levin     |
|                      | _____ | Donor Evaluation in Adult Transplantation | Dr. Phil McFarlane   |
|                      | _____ | Hemodialysis Access                       | Dr. Louise Moist     |
|                      | _____ | Pediatric Renal Transplantation           | Dr. Catherine Morgan |
|                      | _____ | Renal Pathology for Non-Nephrologists     | Dr. A. Herzenberg    |

**18:30 Career Night/Reception & Dinner  
Westin Edmonton Hotel**

Note: In order to attend the dinner at Career night, you have to be registered for the Review Course. You can only pre-register for this dinner, there will be no on-site registration.

I will attend:     Yes             No

Deadline to register for Career Night is Friday, May 1<sup>st</sup>.

***Please select one workshop in each time slot:***

**Wednesday, May 13<sup>th</sup>**

|                      |       |                                           |                       |
|----------------------|-------|-------------------------------------------|-----------------------|
| <b>10:30 – 12:00</b> | _____ | Anemia                                    | Dr. Adeera Levin      |
|                      | _____ | GN Case Studies in Adults                 | Dr. Heather Reiche    |
|                      | _____ | GN Case Studies in Children               | Dr. Eleonora Jugnauth |
|                      | _____ | Hemodialysis Access                       | Dr. Louise Moist      |
|                      | _____ | Potassium Disorders                       | Dr. Kamel Kamel       |
| <b>13:00 – 14:30</b> | _____ | Acid-Base (Uof A IM Residents Only)       | TBA                   |
|                      | _____ | Donor Evaluation in Adult Transplantation | Dr. Phil McFarlane    |
|                      | _____ | GN Case Studies in Adults                 | Dr. Heather Reiche    |
|                      | _____ | Potassium Disorders                       | Dr. Kamel Kamel       |
|                      | _____ | Renal Pathology for Non-Nephrologists     | Dr. A. Herzenberg     |

## Payment Information

|                                                 |    |
|-------------------------------------------------|----|
| <b>Total Registration Fees (Canadian Funds)</b> | \$ |
| Review Course Total                             |    |
| AGM                                             |    |
| CSN Gala Awards Dinner                          |    |
| <b>Total</b>                                    |    |

Cheque payable to the Canadian Society of Nephrology.

Send cheque & registration form to: Canadian Society of Nephrology,  
c/o Ms. Sandra Kelly  
Room H1759, Faculty of Medicine  
Health Sciences Centre, 300 Prince Philip Drive  
St. John's, NL., A1B 3V6

A receipt will be issued for registration and available at the registration desk when you check-in at the meeting.

For further information contact the CSN Secretariat

Tel: (709) 777-6764

Fax: (709) 777-7501

Email: [smkelly@mun.ca](mailto:smkelly@mun.ca)

|                                                                                        |
|----------------------------------------------------------------------------------------|
| <b>For CSN Office Use Only:</b> Cheque # _____ Cheque Amt. _____ Dinner Ticket # _____ |
| RC Rec # _____ AGM Rec # _____ Dinner Rec # _____                                      |