



National Kidney Federation

# NKF Roadshow

at The Hinckley Island Hotel, Hinckley, Leicestershire!

Friday 8th-Sunday 10th • October 2010

**THE ALL NEW...**



With thanks for support from



Thanks to the generosity of this year's NKF Roadshow sponsor, Genzyme, the cost to each attending delegate has been subsidised by 25%

## The Programme includes:

**Transplantation**

**Vascular Access**

**Transonic monitoring**

**Dialysis - Home therapies**

**Dialysis therapies patient perspective**

**Cooking demonstration incorporating diet – Lawrence Keogh**

**Podiatry and reflexology**

**Patient Education and buttonhole technique**

**Friday:** A meeting with the Chairman

**Sunday event:** Council meeting at 9.30 followed by two workshops

a) holidays b) advocacy



Chef

**SPECIAL PACKAGE:** Sat/Sun 9-10 October *Includes:*

**Saturday:** Saturday Roadshow fee, morning coffee, lunch, afternoon tea, evening dinner and entertainment, B&B

**Sunday:** Council meeting and workshops

**Saturday only:** *Includes:* Saturday Roadshow fee, morning coffee, lunch, afternoon tea.

(Gala dinner may be booked separately see booking table below)

| Delegate   |  |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
|--|--|-----------------------------|-----------------------------|-------------------------------|----------------------------|-----------------------------|-----------------------------|--|-------------------------------|----------------------------|-----------------------------|-----------------------------|-------------------------------|----------------------------|-----------------------------|-----------------------------|--|
| Title  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| First Name(s)  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Surname  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Address  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Postcode   | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Telephone  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Second Delegate  |  |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Title  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| First Name(s)  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Surname  | <input type="text"/>   |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Member(s) of   | <input type="text"/> KPA <input type="checkbox"/> YPG <input type="checkbox"/> Tick as appropriate |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| Special Requirements   |  |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| CAPD, Vegetarian (V), Wheelchair bound (WB), Impaired Mobility (IM)<br>Please tick appropriate boxes   |  |                             |                             |                               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| <table border="1"> <tr> <th colspan="4">Delegate</th> <th colspan="4">Second Delegate</th> </tr> <tr> <td><input type="checkbox"/> CAPD</td> <td><input type="checkbox"/> V</td> <td><input type="checkbox"/> WB</td> <td><input type="checkbox"/> IM</td> <td><input type="checkbox"/> CAPD</td> <td><input type="checkbox"/> V</td> <td><input type="checkbox"/> WB</td> <td><input type="checkbox"/> IM</td> </tr> </table> | Delegate   |                             |                             |                               | Second Delegate            |                             |                             |  | <input type="checkbox"/> CAPD | <input type="checkbox"/> V | <input type="checkbox"/> WB | <input type="checkbox"/> IM | <input type="checkbox"/> CAPD | <input type="checkbox"/> V | <input type="checkbox"/> WB | <input type="checkbox"/> IM |  |
| Delegate   |  |                             |                             | Second Delegate               |                            |                             |                             |  |                               |                            |                             |                             |                               |                            |                             |                             |  |
| <input type="checkbox"/> CAPD  | <input type="checkbox"/> V   | <input type="checkbox"/> WB | <input type="checkbox"/> IM | <input type="checkbox"/> CAPD | <input type="checkbox"/> V | <input type="checkbox"/> WB | <input type="checkbox"/> IM |  |                               |                            |                             |                             |                               |                            |                             |                             |  |

**ALL BOOKINGS ARE ACCEPTED ON FIRST COME FIRST SERVED BASIS.**

### CANCELLATION

Any Roadshow booking cancellation made must be confirmed in writing. The NKF is unable to offer refunds on bookings cancelled after 6th September 2010 and so recommends that you take out cancellation insurance.

### HOW TO BOOK

Detach and complete this booking form, and return along with a cheque made payable to National Kidney Federation for the **FULL AMOUNT PAYABLE**, to:

**National Kidney Federation,  
The Point, Coach Road, Shireoaks, Worksop,  
Nottinghamshire S81 8BW**

or  
go to the online booking form at [www.kidney.org.uk/roadshow10/](http://www.kidney.org.uk/roadshow10/) and either print off the form, complete and send in with your payment as above, or pay online using your credit or debit card.

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### Booking table: (All charges per person)

| Options   | Roadshow Fee | Late Surcharge Fee Payable from 6 August | Number of Delegates | Total Cost |
|---|--------------|--|---------------------|------------|
| Special Package double/twin                       | 115          | 135                                      |                     |            |
| Special Package single                            | 135          | 155                                      |                     |            |
| Saturday Roadshow only                            | 56           | 64                                       |                     |            |
| Saturday Roadshow & Gala Dinner                   | 83           | 91                                       |                     |            |
| Friday B&B double/twin                            | 50           | 50                                       |                     |            |
| Friday B&B single                                 | 80           | 80                                       |                     |            |
| Friday evening Buffet                             | 16.50        |  |                     |            |
| My donation towards the work of the NKF           |              |  |                     |            |
| <b>Total Sum enclosed with booking</b>            |              |  |                     |            |
| I would like to attend the KPA Chairman's meeting |              |  |                     |            |
| No of tickets required                            |              |  |                     |            |

**SAVE MONEY...BOOK EARLY...SAVE MONEY...BOOK EARLY...SAVE MONEY...BOOK EARLY**