



**DDD/C3GN Family Conference**  
**October 13-14, 2017**  
**REGISTRATION FORM**  
(Please Print)



REGISTRANT INFORMATION			
Registrant's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Street address:		E-mail address:	
Home phone no.: (    )	City:	State:	ZIP Code:
Relationship to patient with DDD/C3GN:			

ATTENDEES INFORMATION		
Number of adults attending:	Names of adults attending:	
*Number of children attending:	*Ages of children attending:	Names of children attending:
Does anyone attending have dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of dietary restrictions:		

PATIENT INFORMATION		
Name of patient:	Patient's Date of Birth:	Family history of DDD/C3GN or other kidney disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, relationship of family member to patient:	Diagnosis: (mark one) <input type="checkbox"/> DDD <input type="checkbox"/> C3GN <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____	
Send patient's results from any testing done at MORL to patient's nephrologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current treatment: <input type="checkbox"/> None <input type="checkbox"/> Eculizumab or Solaris <input type="checkbox"/> ACE/ARBs <input type="checkbox"/> Dialysis <input type="checkbox"/> Other (please list): _____	

CONTACT INFORMATION FOR PATIENT'S NEPHROLOGIST		
Physician's Name:		
E-mail address:		
NPI:		
Institution:		
Street Address:		
City:	State:	Zip:
Phone: (    )	FAX: (    )	

**What questions about DDD/C3GN would you like to see addressed at the conference?**

- 1.
- 2.
- 3.

This registration form is not a binding agreement. If you have registered to attend the DDD/C3GN Conference and find that you will be unable to attend, please contact Jori Hendon at [jori-hendon@uiowa.edu](mailto:jori-hendon@uiowa.edu).

**Please return this completed form by e-mail to [jori-hendon@uiowa.edu](mailto:jori-hendon@uiowa.edu) or by fax to 319-353-5869.**

*\*This conference presents medical information which may be upsetting to some. Your parental discretion is advised.*

PLEASE CONTACT JORI HENDON ([jori-hendon@uiowa.edu](mailto:jori-hendon@uiowa.edu)) WITH ANY QUESTIONS.  
For information about current testing please contact Amy Weaver ([amy-weaver@uiowa.edu](mailto:amy-weaver@uiowa.edu)).