

Group Import Instructions

- **All Columns:** must be left in place. Do not delete or make any changes to the columns.
- **Attendee Contact Information:** must be accurate and valid for each delegate to process registration requests. Please provide the attendee's contact information only. ASN will not use the information provided to contact the attendees before the Annual Meeting unless they are opted in to receive emails or the Group Contact requests a confirmation email to be sent.
- **Unique Email Address:** Each attendee must have a unique email address to claim ASN's value added products such as Certificate of Attendance, CE credits, access to Kidney Week On-Demand, and to access the virtual event platform during the event. To receive the member rate for ASN Members, be sure to use the email address associated with their ASN membership record.
- **Email Confirmations:** A unique email address is required for each attendee to receive the registration confirmation.
- **Required Information:** All highlighted columns are required for registration. Designation*: For the purposes of CME credit, please provide each registrant's designation/degree. Their CME credits cannot be confirmed without their proper designation/degree.
- **Extraneous Marks and Punctuation:** should not be present in the spreadsheet. Please leave fields blank instead of entering a zero, N/A (not applicable), dots, x's, or any other punctuation.
- **Accent Marks:** are not able to be registered in our system. Consult your group delegates to ensure their names are spelled correctly in a non-accented format.
- **Email the Import Spreadsheet** to asnregistration@spargoinc.com
- **Accessing Group Registration Records:** Please allow 10 business days for your import to be processed. Access your registration records online by using the Group Administrator ID number and password. Once the spreadsheet has been processed, you can manage your group delegate registrations, make corrections, add or cancel registrations, and make payments for your group.
- **Registration Terms and Conditions and Code of Conduct:** The statements below must be agreed to register. If you answer "No" for any of these questions, we will not be able to register that individual. If you have any questions or concerns on the items below, please contact ASN at meetings@asn-online.org.

_____ I understand and agree to the ASN Registration [Terms and Conditions](#) on behalf of the registrant(s) listed on the import spreadsheet.

_____ I understand and agree to any Health and Safety Policies that ASN may implement for Kidney Week 2024.

_____ I understand and agree to the ASN [Assumption of Risk Waiver](#) on behalf of the registrant(s) listed on the import spreadsheet.

_____ I understand and agree to follow ASN's [Code of Conduct](#) on behalf of the registrant(s) listed on the import spreadsheet.

Payment is required for registrants to receive access information to Kidney Week 2025. For wire payment information, please contact us by email: asnregistration@spargoinc.com.

Demographic information ASN Kidney Week 2025 Demographic Questions and Answer Key

1. What is your principal activity?

- 01. Academic Scientist
- 02. Academic Clinician/Educator
- 03. Hospital-based Physician
- 04. Private Practitioner
- 05. Government/VA
- 06. Industry Researcher
- 07. Other

2. Main area(s) of interest?

- 01. Acute Kidney Injury
- 02. Bone & Mineral Metabolism
- 03. Chronic Kidney Disease
- 04. Development & Pediatrics
- 05. Diabetes & Metabolism
- 06. Dialysis
- 07. Genetic Diseases of the Kidney
- 09. Glomerular Disease
- 10. Hypertension & Cardiovascular Disease
- 11. Interventional Nephrology
- 12. Cell & Transport Physiology
- 13. Pathology
- 14. Transplantation & Immunology
- YY. Other***

*** If Other is selected, please provide a written answer

3. How long have you been practicing in the field of nephrology?

- 01. 0-5 Years
- 02. 6-10 Years
- 03. 11-20 Years
- 04. More than 20 Years

4. What is your level of engagement with clinical trials? (Select all that apply)

- 01. Primary Investigator
- 02. Clinical Research Operations
- 03. Clinical Research Site
- 04. Participate via Referral
- 05. Sponsor Clinical Development
- 06. Sponsor Clinical Operations
- 07. None of the above

5. What Products and services are you interested in learning more about? (Select all that apply)

- 01. Association / Nonprofit
- 02. Biotech Company
- 03. Dialysis Organizations
- 04. Electronic Medical Records
- 05. Financial Services
- 06. Healthcare Facility
- 07. Laboratory
- 08. Market Research
- 09. Medical Device Manufacturer
- 10. Medical Equipment Manufacturer
- 11. Medical Publisher
- 12. Pharmaceutical Company
- 13. Research
- 14. None of the above

5. I understand and agree to the ASN Registration [Terms and Conditions](#)

Y or N

6. I understand and agree to follow ASN's [Code of Conduct](#)

Y or N

7. I understand and agree to the [ASN Assumption of Risk](#) waiver

Y or N

8. I understand and agree to any Health and Safety Policies that ASN may implement for Kidney Week 2024.

Y or N