

RENAL SUPPORT NETWORK'S  
19<sup>th</sup> ANNUAL

# Renal Teen PROM

# Calypso

Dinner   Dancing   Entertainment

All teens who have kidney disease and one guest are invited to this complimentary event.

Sunday, January 14, 2018   6pm - 11pm

Hilton Hotel, 100 W. Glenoaks Blvd, Glendale CA 91202

Limited Local Transportation Available.

Validated Parking

over 



**RENAL SUPPORT NETWORK'S  
19<sup>th</sup> ANNUAL**

# Renal Teen PROM

# Calypso

**RSVP BY JANUARY 3, 2018**

**THIS EVENT IS OPEN TO PEOPLE AGES 14 TO 24 WHO HAVE  
KIDNEY DISEASE AND ONE GUEST AT NO CHARGE.**

Please return the reply card by e-fax, e-mail or U.S. postal service to Renal Support Network by January 3, 2018. Registrations received by December 19, 2017 will be entered into a contest to win a \$100 gift card.

**Need a Ride to the Prom?** If you need a ride to the prom AND LIVE IN THE SOUTHERN CALIFORNIA AREA, we will do our best to find you one. RSN has many volunteers who are willing to serve as drivers on this special night. Please check off "Need Transportation" in the enclosed reply card or contact RSN. Transportation is arranged on a first-come, first-served basis.

**Need a Dress to Look Fabulous for the Prom?** RSN will have dresses available for selection at no charge to prom attendees on January 6th and 7th in Glendale, CA. Contact us to make an appointment.

Web: [RSNhope.org](http://RSNhope.org)

Email: [info@RSNhope.org](mailto:info@RSNhope.org)

Toll Free: (866) 903-1728

E-Fax: (818) 484-2070

Please sign and return in order to attend the Renal Teen Prom.

I hereby give consent to Renal Support Network to use any photo and video images taken at the Renal Teen Prom for promotion of this program. The attendee and guest agree to indemnify and hold harmless the Renal Support Network from any and all claims with regard to the Renal Teen Prom on January 14, 2018.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_  
(required)

Parent/Legal Guardian \_\_\_\_\_  
(if under 18)

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19<sup>th</sup> Annual  
Renal Teen  
**PROM**

Please return by January 3, 2018.

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Guest name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian name (if under 18) \_\_\_\_\_

Dialysis/Transplant Center \_\_\_\_\_

☐ I will need a prom dress. (Please call for appointment)

☐ I will need transportation (not guaranteed).

☐ I will need to do a CAPD exchange.

☐ I would be willing to share my story with the press.

Send RSVP to Renal Support Network, 1311 N. Maryland Ave., Glendale, CA 91207

For more information, please call (866) 903-1728.

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