How to Complete the Kidney Connection Virtual Support Group Series Registration Form

This article provides step-by-step instructions for completing the Kidney Connection Virtual Support Group Series Registration form. The form collects required information to enroll participants in an upcoming virtual support group series. Once registered, you will receive a meeting invitation for your selected series.

How to Access the Form

Click the registration link provided here or found in your event email. The form opens in Microsoft Forms and must be completed in one session.

All fields marked with an asterisk (*) are required.

Step-by-Step Instructions

1. **Enter Your Personal Information**

   These fields identify you with registration and scheduling.

   - First and Last Name: Enter your full legal name.

   - Personal Email Address *: Provide the email address where you want to receive meeting invitations and updates.

   Residential Address: Enter your full mailing address, including street, city, state, and ZIP code.

   - Phone Number *: Provide a valid phone number where the program team can reach you.

   - Date of Birth *: Enter your date of birth in the format requested.

2. **Provide Your Goals for the Support Group**

   - What do you hope to get from the Support Group? *: Provide a brief explanation of your expectations.

3. **Complete the Consent Form Requirement**

   - Click the link provided in the form to open and complete the Adobe Sign consent form.

   - Once submitted, select "Yes" to confirm completion.

   Important: You cannot proceed without completing the consent form first.

   When you reach the signature section:

   1. Click inside the signature box

2. Choose how you want to sign:
    a. **Type** your name
3. Click **Apply**

4. **Select Your Preferred Session Day**

    Choose one of the weekly session options.

5. **Tell Us Your Role**

    Choose one: patient, caregiver, or patient advocate.

6. **Indicate Whether a Caregiver or Support Person Will Join**

    Select Yes or No.

7. **If Applicable: Provide Caregiver Information**

    If you selected Yes above, provide a caregiver name and email.

Submitting the Form

- Review your responses.
- Ensure the consent form is complete.
- Click Submit.