

Registration Form

All attendees must complete a registration form. This form may be copied for additional registrants. Please type or print clearly.

Name: _____

Credentials: MD DO PA DPM RN LPN RD RPh Student Other healthcare professional

Are you a CDE? Yes No

Address: _____

City, ST Zip: _____

Phone (Home): _____ (Work): _____ (Fax): _____

Email: _____

How did you learn about this meeting?

ADA Website Mailing Colleague Other (please indicate) _____

Registration fees

Full program is March 26 – 27, 2010. Please select either full program, Friday (all day) or Saturday (half day).
Registration fees include breakfast, breaks, lunch (Friday Only), registration packets and enduring materials.

Full Program (Friday & Saturday)

\$275: MD DO DPM RPH
\$175: PA RN LPN RD Other healthcare professional (No credits)
\$100: Resident / Fellow Student (Full time: Proof required, No credits)

One Day Registration

Please select: Friday Saturday

\$150: MD DO DPM RPH
\$100: PA RN LPN RD Other healthcare professional (No credits)
\$65: Resident / Fellow Student (Full time: Proof required, No credits)

Diet Restrictions

Vegetarian Kosher Other (please specify) _____



Check here if you require special assistance to fully participate in the conference. Please attach a written description of requirements.

PAYMENT

Make checks payable to the **AMERICAN DIABETES ASSOCIATION** or charge your credit card.

If your institution is paying for your registration fee, please ensure that the check is appropriately identified with your name.
Organizations registering 10 or more participants, please call for discount information.

Registrations CANNOT be accepted without correct payment. The last day to register is TUESDAY, MARCH 23rd, 2010.

Cardholder's Name: _____

MasterCard Visa American Express Discover Expiration Date: Month _____ Year _____

Account Number: _____

I authorize the American Diabetes Association to charge the total payment fee indicated on this form to my credit card.

Authorized Signature: _____

CANCELLATION POLICY

A written notice of cancellation must be received at the address listed above by Tuesday, March 23rd 2010. No refunds will be made after that date.

Mailing Address: American Diabetes Association, 8405 NW 53rd Street, Suite A-101, Miami, Florida, 33166

Phone: 305.477.8999 x3098 Fax Number: 305.594.3029

Email: bqqalan@diabetes.org