

Meeting Registration Form for Attendees

Questions? Call the AADE Conference Registration Office at (877) 303-0723. Please note: Session attendance is on a first-come, first-served basis.

Three Ways to Register

Mail AADE Conference, P.O. Box 494, Brookfield, IL 60513-0494 * **Fax** (708) 344-4444 * **Online** www.diabeteseducator.org

Section I: Attendee Profile *(Please print clearly)*

Office code: FORM_WEB

AADE ID # _____ Prefix *(optional)* _____ First Name _____ Last Name _____

Nickname for Badge *(If blank, first name will be used)* _____ Credentials/Professional Degree *(for badge)* _____

Employer Name *(for badge)* _____

Preferred Mailing Address *(Required for CE Statement of Credit, Annual Meeting updates, new member information)* **Please check one** This is my Home Work

Address Line _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Fax Number _____ Email _____

Section II: Continuing Education Profile

Diabetes Specialty Credential *(Check all that apply)* BC-ADM CDE

Continuing Education Profile for Certificate *(Check all that apply)*

- RN License # _____ State _____ PA
- APRN License # _____ State _____ MD
- RD Registration # _____ DO
- LD License # _____ State _____ DPM
- RPh License # _____ State _____ Other
- NP License # _____ State _____
- LVN/LPN License # _____ State _____

Section III: Additional Information

- Are you a first time attendee?**
 Yes this is my first AADE Annual Meeting No
- Do you need accommodations due to disability, health concerns, or physical challenges?**
 Yes *(If so you will be contacted)* No
- Volunteers Needed!** *(by June 20)*
 Yes I would like to volunteer to be a room monitor No
- If you are renewing your membership or joining as a new member, select the Specially Practice Groups you would like to join.**
Membership dues are \$15 per person for each SPG. Please include fee in Section IV.
 Advanced Practice African American Asian and Pacific Islander Camp Educators Continuous Glucose Monitoring Disabilities
 Foot Care Hispanic/Latino American Home Health Care Diabetes Educators Inpatient Management Insulin Pump Therapy
 Integrative Care Native American/Indian Health Services Office and Clinic Based Diabetes Educators Pediatric Educator
 Pharmacy Physical Activity Pregnancy/Reproductive Health Public Health Veterans Affairs/Dept. of Defense

Section IV: Product Theatres and Corporate Symposia Selections

Product Theatres – Wednesday, Aug. 5 & Thursday, Aug. 6

Enter List Session Choices 1st Choice 2nd Choice 3rd Choice

3:15 pm – 4:15 pm (Wed) _____

6:30 am – 7:30 am (Thu) _____

Corporate Symposia – Thursday, Aug. 6 & Friday, Aug. 7

Enter List Session Choices 1st Choice 2nd Choice 3rd Choice

4:15 pm – 5:45 pm (Thu) _____

4:15 pm – 5:45 pm (Fri) _____

6:00 pm – 8:30 pm (Fri) _____

Session codes can be located at www.diabeteseducator.org/annualmeetingsessions

Section V: Registration Fees

Full Program Rates (Aug. 5-8, 2009)

	Jun. 20 - Onsite	Total
AADE Member <i>(If renewing add "Membership Renewal" fee below)</i>	\$580	\$_____
New Member <i>(Fill out Section VII below, includes \$125 for one year of membership dues plus full program registration)</i>	\$705	
Non-Member <i>(Does NOT include membership)</i>	\$730	\$_____
Student	\$150	\$_____
Daily Rates <input type="checkbox"/> Wed/Aug. 5 <input type="checkbox"/> Thur/Aug. 6 <input type="checkbox"/> Fri/Aug. 7 <input type="checkbox"/> Sat/Aug. 8		
_____ days @	\$285	\$_____
Membership Fees		
SPG Membership Dues	\$15 each	\$_____
Membership Renewal	\$125	\$_____
TOTAL ALL FEES		\$_____

Deadline for paper registration forms is July 10, 2009. If your registration cannot be postmarked by July 10, 2009, please bring your completed form and register onsite.

Section VI: Method of Payment

Registration forms will not be processed without full payment in US funds.

Check (Payable to AADE) Check # _____

Visa MasterCard American Express
Card # _____

Expiration Date _____

Company/Name on Card _____

Cardholder Signature (Required)

Section VII: Membership Application (Only complete if you're joining AADE as a NEW MEMBER)

- 1. Have you been an AADE member before?** No Yes Name (If different): _____
- 2. Type of membership**
 - Active Member** Healthcare professionals with an interest in the development, delivery or administration of diabetes patient or professional education or in diabetes research. Cannot be employed by a company which is in the business of sales or marketing of diabetes pharmaceuticals, supplies or equipment.
 - Associate Member** Person with an interest or involvement in diabetes education who does not qualify for other member categories.
- 3. Would you like to be included on the mailing list to receive non-AADE product and industry information?** Yes No
- 4. Please choose one answer for each item**
 - A. Professional Status** (1) Registered Nurse (RN) (2) Registered Dietitian (RD) (3) Medical Doctor (MD) (4) Registered Pharmacist (RPh) (5) Podiatrist (DPM) (6) Social/Psychosocial Worker (7) Exercise Physiologist (8) Nurse Practitioner (9) Other _____
 - B. Practice Setting** (1) Hospital Inpatient (2) Hospital Based Outpatient Program/Services (3) Hospital Based Clinic (4) Physician, Primary Care, Endocrinologist Office (5) University (6) Public Health, Community Health (7) Self-Employed (8) Outpatient Diabetes Center (9) Other: _____
 - C. Highest Educational Level** (1) Diploma (2) Assoc. Degree (3) Bachelor's Degree (4) Master's Degree (5) PhD (6) MD (7) Other: _____
 - D. Years in Diabetes Education** (1) 1 to 3 (2) 4 to 9 (3) 10 or more
 - E. Are you certified?** Yes CDE BC-ADM No
- AADE's "Find an Educator" service, available through 800-TEAM-UP4 and www.diabeteseducator.org, allows people with diabetes to obtain names and phone numbers of diabetes educators in their area. A professional profile is used for patient access to you and other diabetes educators (business phone numbers only). **YES! Include me in the "Find an Educator" database** **I do NOT wish to be included in the "Find an Educator" database**
- I understand that by providing my mailing address, email address, telephone number and fax, I consent to receive communications sent by or on behalf of AADE (and its subsidiaries and affiliates) via regular mail, email, telephone or fax.

Signature (Required for membership) _____ Date _____

AADE membership dues are not tax deductible as a charitable contribution, but a portion may be deductible as a business expense. The portion of your dues that is not tax-deductible because of AADE's lobbying activities is 25%. \$27 of your membership dues is applied to a subscription to The Diabetes Educator journal. Contributions made to the AADE Education and Research Foundation may be deductible as a charitable contribution. Please consult your accountant.