



PRESS REGISTRATION FORM
American Association of Diabetes Educators
35th Annual Meeting and Exhibition
August 6 – 9, 2008

Section I: Profile (Please print clearly)

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 Annual Meeting updates and registration confirmation.

Address line 1

Address line 2

City State Zip

Business Phone Home Phone

Fax Number Email

Please check one: This is my Home Work

Section II: Additional Information

Do you need accommodations due to disability, health concerns, or physical challenges?

- Yes, If so you will be contacted No

International Diabetes Educators Conference – Get information regarding this program at <http://www.diabeteseducator.org/International>

- Please check here if you would like to attend the International Diabetes Educator's Conference. Registration is complimentary.

Special Notes: (Please indicate any special requests or publication description. Not required.)

Return this form and a copy of your business card or assignment letter by July 11, 2008 to:

American Association of Diabetes Educators

Communications Team

Fax: 312.424.2427, or email to dpihos@aadenet.org

For more information call Diana Pihos at 800.338.3633 ext. 4864 or email dpihos@aadenet.org