



**Section III: Program Selection**

**Pre-conference Programs – Tuesday, August 5**

Refer to Pages 14-35 for details. These programs are offered in addition to the Annual Meeting program and cost \$150 each. These programs can be taken without registering for the Annual Meeting.

**Program Selection**

8:00 am – 12:00 noon \_\_\_\_\_

1:00 pm – 5:00 pm \_\_\_\_\_

**International Diabetes Educators Conference (IDEC)**

Arrive early on Tuesday, August 5<sup>th</sup> to participate in this unique opportunity to listen, learn and discuss the latest in diabetes education with contemporaries from around the world.



Learn more at [www.diabeteseducator.org/International](http://www.diabeteseducator.org/International)

**Section IV: Registration Fees** - Early Registration discount deadline is June 20. Registration forms with full payment must be postmarked by June 20 in order to be eligible for the early registration discount rates.

Full Program 8/6 – 8/9/08	3/1-6/20	6/21-8/4	8/4-8/9	Total
<b>AADE Member</b> <i>(if renewing, see "Other Fees")</i>	\$ 440	\$ 565	\$ 565	\$ _____
<b>New Member*</b> (Section VI)	\$ 565	\$ 690	\$ 690	\$ _____
* Includes \$125 for one year of membership dues and full program registration.				
<b>Nonmember**</b>	\$ 590	\$ 715	\$ 715	\$ _____
<b>Student</b>	\$ 150	\$ 150	\$ 150	\$ _____
** <i>(does NOT include membership)</i>	\$ 150	\$ 150	\$ 150	\$ _____

**Daily Rates** (per day cost listed)

- Wednesday, 8/6
- Thursday, 8/7 \_\_\_\_\_ days @ \$ 220 \$ 285 \$ \_\_\_\_\_
- Friday, 8/8
- Saturday, 8/9

**International Diabetes Educators Conference 8/5/08** (IDEC – Section III)

<b>IDEC Only</b>	\$ 250	\$ 300	\$ _____
<b>IDEC Price if also attending the Annual Meeting</b> (\$90 savings when you attend both)	\$ 160	\$ 210	\$ _____

**Pre-conference Programs**

8:00 am – 12:00 noon	\$ 150	\$ _____
1:00 pm – 5:00 pm	\$ 150	\$ _____

**AADE Closing Banquet**

Annual Meeting Attendee ( <i>Limit 1 ticket</i> )	\$ 75	\$ _____
Guest ticket(s) _____ @	\$ 100	\$ _____

**Membership Fees**

SPG Membership Dues (\$15 each)	\$ 15 ea	\$ _____
Membership Renewal	\$ 125	\$ _____

**TOTAL DUE** \$ \_\_\_\_\_

**Section V: 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 Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company/Name on Card: \_\_\_\_\_ Cardholder Signature (Required): \_\_\_\_\_

**Section VI: Membership Application – Only complete if you are joining AADE as a NEW MEMBER.**

- Have you been an AADE member before?  Yes Name (*if different*): \_\_\_\_\_  No
- Please check 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. They shall not be one who is 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.
- Do you want your name included on the mailing list to receive non-AADE product and industry information?  Yes  No
- Please choose one answer for each question.
  - 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) Associate Degree  (3) Bachelor's Degree  (4) Master's Degree  (5) PhD  (6) MD  (7) Other: \_\_\_\_\_
  - D. Years in Diabetes Education:**  (1) 1 – 3  (2) 4 – 9  (3) 10 or > **E. Are you certified?** Yes,  CDE  BC-ADM  No
- The "Find an Educator" service, available through 800-TEAM-UP4 and [www.diabeteseducator.org](http://www.diabeteseducator.org), allows people with diabetes to obtain names and phone numbers of diabetes educators in their area. The professional profile is used for patient access to you and other diabetes educators (business phone numbers only).
  - I do NOT wish to be included in the AADE "Find an Educator" database. *Note: your name will be included otherwise.*
- 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.

