

Diabetes Core Curriculum Workshop (DCCW), Version 33 by Pro Health Consulting
 Registration Form for **April 12 – 15, 2010** at the Sheraton LaGuardia East Hotel, NY

If you are a MNYADE or GSADE member, attach proof of membership. 3 or more, send registration in same envelope.

Personal Information (This is a fill-in form; type responses in the blue, shaded area of the text box.)

*Type your name as you would like it to appear on your **Certificate of Attendance***

| | | | |
|---------------------|--|---------------------------|--|
| Name | | Profession (RN, RD, etc.) | |
| Home Address | | | |
| City, State, Zip | | | |
| Home Phone | | | |
| Home Email | | | |
| Employer | | | |
| Work Address | | | |
| City, State, Zip | | | |
| Work Phone | | | |
| Work Email | | | |

Tuition Information (Tuition includes course manual, continental breakfast, lunch and refreshments)

Course Tuition **\$865.00** (Note: Left click your mouse in the box to mark an X)

Discount Registration (**Important:** registration must be **postmarked by 3/8/10** to receive discount)

Early Registration \$775.00 MNYADE & GSADE members \$755.00
 DCCW Alumni \$740.00 3 or more registered together \$740.00 each

Payment Information

Paying by credit card? *Mail or fax this completed form* Paying by check or money order?

MasterCard Visa [NOTE: MC/Visa only]

*Mail this form with your check in US funds drawn on a US bank, payable to: **Pro Health Consulting***

| | |
|------------------------|--|
| Card Number | |
| Expiration Date | |
| Name on Card | |
| * CVV2 or CSC # | |

Mail to:
 DCCW c/o Pro Health Consulting
 PO Box 27, Mohnton, PA 19540

* **required** - last 3 numbers on reverse of card

Policy Information

Space is available on a first-come, first serve basis. On-site registration is not available – no walk-ins will be accepted. All cancellation requests must be submitted in writing and received on or before 03/08/10 for a full refund. Cancellations received between 3/9/10 – 3/26/10 will be charged a \$75 (US) administration fee. No refunds after 3/26/10 (A substitute may attend in your place if we are notified in advance). Pro Health Consulting cannot be held responsible for travel delays or flight cancellations. EIN#: 11-3583949

Special Needs/food allergies? Kosher Vegetarian Vegan Gluten-free N/A
 Peanuts Mobility/Access Other: _____

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Questions? Phone: 631-754-3663 Fax: 631-262-9760 info@prohealthconsulting.org / www.prohealthconsulting.org
