

# REGISTRATION FORM (Page 1 of 3)



<b>Early Bird Registration Deadline</b> February 21, 2019	<b>Advance Registration Deadline</b> April 25, 2019	<b>Deadline to Register by Mail</b> May 17, 2019	<b>Registration opens in Orlando</b> June 6, 2019
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- ADA Registration will e-mail or fax a confirmation of your registration within 72 hours of receipt of your form.
- For accurate and easy registration you may visit <http://scientificsessions.diabetes.org> and register online.

**FAX:** (415) 293-4073      **MAIL:** ADA Registration  
c/o CMR  
101 Mission Street, Suite 200  
San Francisco, CA 94105      **QUESTIONS:** Phone: (Monday-Friday, 9:00 a.m.-9:00 p.m. ET)  
(866) 290-9910 (Toll Free U.S. & Canada)  
(415) 268-2086 (International)  
Visit the ADA Support Center: <http://ada.cmrushelp.com>

## I. ATTENDEE INFORMATION (please type or print clearly)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Institution (for badge): \_\_\_\_\_

Mailing Address (please check one): ☐ Home ☐ Business

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_


Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email\*: \_\_\_\_\_

Please send a copy of the registration to: Additional E-mail: \_\_\_\_\_

In case of an emergency during the meeting, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will this person be staying in your hotel room? ☐ Yes ☐ No

 ☐ Check here if you require special assistance to fully participate in the meeting (please attach a separate sheet to indicate specific needs).

**\*A unique e-mail is required for each registrant.**

## II. REGISTRATION FEES (please check one)

	<b>EARLY BIRD</b> 12/4/18-2/21/19	<b>ADVANCE</b> 2/22/19-4/25/19	<b>FINAL</b> 4/26/19-6/11/19
Member**	<input type="checkbox"/> \$505	<input type="checkbox"/> \$555	<input type="checkbox"/> \$605
Non-Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875	<input type="checkbox"/> \$925
Student/Resident/Fellow	<input type="checkbox"/> \$280	<input type="checkbox"/> \$300	<input type="checkbox"/> \$320

*Available to those currently enrolled in one of these programs.*

*Proof of status in a program must be submitted with your registration form (ID with expiration date or signed letter from institution).*

One Day Registration - Member**	<input type="checkbox"/> \$300	<input type="checkbox"/> \$310	<input type="checkbox"/> \$320
One Day Registration - Non-Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$400	<input type="checkbox"/> \$410

Please check which day: ☐ Friday (1/2 day) ☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday (1/2 day)

*Provides admittance to all sessions and the Exhibit Hall and the Poster Hall (if open), for the selected day. You are allowed to register for only 1 One-Day Registration.*

Children under the age of 18, even if paid registrants, will not be admitted to session rooms, the Exhibit Hall or the Poster Hall. Note: Exceptions can be made for nursing mothers, but for safety reasons, strollers cannot be allowed in session rooms, the Exhibit Hall and the Poster Hall. Children should be kept quiet as to not interrupt the sessions.

\*\*In order to qualify for the member rate you must list your Professional Member ID Number below and your Professional I (Science & Medicine) or II (Health Care & Education) Membership must be active through **June 30, 2019 at the time of registration**. Please note, Associate and Emerging Nation Memberships do not qualify for the meeting discount.

ADA Professional Member ID Number: \_\_\_\_\_

## III. MEMBERSHIP FEES

If you wish to become a member or your membership has expired or will expire before June 30, 2019 please select the desired membership category below to register as a Member.

### PROFESSIONAL I (SCIENCE & MEDICINE) CATEGORY:

Regular, United States	<input type="checkbox"/> \$320.00	In-Training*, United States	<input type="checkbox"/> \$195.00
Regular, Canada	<input type="checkbox"/> \$336.00	In-Training*, Canada	<input type="checkbox"/> \$204.75
Regular, International	<input type="checkbox"/> \$425.00	In-Training*, International	<input type="checkbox"/> \$275.00

*Includes one of the two journals listed (choose one)*

☐ Diabetes® ☐ Diabetes Care®

### PROFESSIONAL II (HEALTH CARE & EDUCATION) CATEGORY:

Regular, United States	<input type="checkbox"/> \$145.00	In-Training*, United States	<input type="checkbox"/> \$80.00
Regular, Canada	<input type="checkbox"/> \$152.50	In-Training*, Canada	<input type="checkbox"/> \$84.00
Regular, International	<input type="checkbox"/> \$225.00	In-Training*, International	<input type="checkbox"/> \$125.00

*Includes Diabetes Spectrum® and Diabetes Forecast®*

\*In-Training fees are reserved for professionals that have received their first professional degree, diploma or certificate within the last 5 years. If you qualify for this special rate, please reference the year your degree was earned: \_\_\_\_\_.

Interest Group(s): ☐ Behavioral Med & Psychology ☐ Clinical Centers & Programs ☐ Diabetes & Cardiovascular ☐ Diabetes In Primary Care  
☐ Diabetes In Youth ☐ Diabetes Education & Support ☐ Diabetes Technology ☐ Exercise Physiology  
☐ Foot Care ☐ Hlthcare Deliv/Qual Improvement ☐ Immunology & Transplantation ☐ Islet Biology, Dev & Function  
☐ Nutritional Sci & Metabolism ☐ Pregnancy & Reproductive Hlth ☐ Public Health & Epidemiology

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Attendee Name (first name, middle initial, last name) \_\_\_\_\_

### III. MEMBERSHIP FEES continued

**Join the Women's Interprofessional Network of the American Diabetes Association (WIN ADA):**

☐ WIN ADA is a networking and career development group for women in medicine, science, health care, education, and other professions in the field of diabetes.

**Diabetes Advocate (US only):**

☐ Become a Diabetes Advocate: Receive information and the opportunity to take action on efforts to increase government funding for diabetes research and programs, and public policies to prevent diabetes, improve health care, and end discrimination based on diabetes.

**Health Care Professional Legal Advocacy Network (US only):**

☐ Join the Network: A volunteer network of doctors, nurses, and other health care professionals who educate, advise, and help in additional ways to promote the fair treatment of people with diabetes at school, work, and in other public places. .

### IV. PRE-CONFERENCE: DIABETES IS PRIMARY

Join us for this Scientific Sessions pre-conference targeting primary care providers. On Friday, June 7, from 8:00 a.m. to 3:00 p.m., Diabetes Is Primary will highlight the key guidelines that are most useful in day-to-day primary practice. This program will provide information on delivering quality care and improving patient outcomes. Those who participate are eligible for continuing education credits. The additional registration fee includes lunch and is non-refundable. Please note: Diabetes Is Primary overlaps with the sessions held on Friday starting at 11:30 a.m.

☐ Yes, I will attend Diabetes Is Primary: \$100.00

### V. ADDITIONAL ITEMS

**Donation (tax-deductible) to the ADA Research Foundation: \$** \_\_\_\_\_

**79<sup>th</sup> Scientific Sessions Webcasts—Members** (Full Meeting Registration Only):

Online access to webcasts - Complimentary

**79<sup>th</sup> Scientific Sessions Webcasts—Non-Members**

\_\_\_\_ Online access to webcasts x \$159.00 = \$ \_\_\_\_\_

**5K@ADA T-Shirt** (you must register separately for this event):

\_\_\_\_ (quantity) x \$20.00 = \$ \_\_\_\_\_

Size (in Men's): SM \_\_\_\_ M \_\_\_\_ LG \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_

Size (in Women's): XSM \_\_\_\_ SM \_\_\_\_ M \_\_\_\_ LG \_\_\_\_ XL \_\_\_\_

**2019 San Francisco Pin:**

\_\_\_\_ (quantity) x \$5.00 = \$ \_\_\_\_\_

**Annual Review of Diabetes 2019** book (35% off the regular price of \$49.95):

\_\_\_\_ (quantity) x \$32.47 = \$ \_\_\_\_\_

**DiabetesInsight monthly audio program:**

\_\_\_\_ DiabetesInsight Silver - 12 months x \$99.00 = \$ \_\_\_\_\_

**Shuttle Pass** (for those who do not book a hotel through ADA Housing):

\_\_\_\_ (quantity) x \$75.00 = \$ \_\_\_\_\_

### VI. PROFESSIONAL INFORMATION

Academic Degree(s): ☐ DO ☐ DPM ☐ MD (or non-US equivalent) ☐ MD,PhD ☐ NP ☐ PA ☐ PhD ☐ RD ☐ RN  
☐ RPH/PharmD ☐ Other

I consider myself primarily a: ☐ Clinician ☐ Clinician/Researcher ☐ Educator ☐ Industry ☐ Researcher

Are you a: ☐ Dietitian ☐ Nurse ☐ Nurse Practitioner ☐ Pharmacist  
☐ Physician (primary care) ☐ Physician (specialist) ☐ Physician Assistant ☐ Psychologist ☐ Other

Specialty Area(s): ☐ Adult Endocrinology ☐ Basic Science ☐ Cardiology ☐ Dietetics  
☐ Education ☐ Epidemiology ☐ Family Practice ☐ Geriatrics  
☐ Internal Medicine ☐ Metabolism ☐ Nephrology ☐ Neuropathy  
☐ Nursing ☐ Obstetrics/Gynecology ☐ Ophthalmology ☐ Pediatrics  
☐ Pediatric Endocrinology ☐ Pharmacology ☐ Pharmacy ☐ Podiatry  
☐ Psychology ☐ Public Health ☐ Other

Are you a Certified Diabetes Educator? ☐ Yes ☐ No

Place of work: ☐ Academic ☐ Administration ☐ Corporate/Industry ☐ Government/Military  
☐ Hospital ☐ Managed Care ☐ Private Practice ☐ Other

Which session track are you most interested in? ☐ Acute and Chronic Complications ☐ Behavioral Medicine, Clinical Nutrition, Education, and Exercise  
☐ Clinical Diabetes/Therapeutics ☐ Epidemiology/Genetics  
☐ Immunology/Transplantation ☐ Insulin Action/Molecular Metabolism  
☐ Integrated Physiology/Obesity ☐ Islet Biology/Insulin Secretion

Scientific Sessions Attendance: ☐ Attend each year ☐ Attend every 2-3 years ☐ Attend only West Coast ☐ First Time

How did you learn about this meeting? ☐ ADA Website ☐ Colleague ☐ Journal Advertisement ☐ Previous Attendance  
☐ Promotional E-mail ☐ Promotional Mailing ☐ Other

Which factors motivated you to attend this year's meeting? ☐ Continuing education credit ☐ I am an invited Speaker ☐ Location of the meeting  
☐ Networking opportunities/seeing colleagues ☐ To receive general education on diabetes  
☐ To receive updates on late-breaking research ☐ Other

Which party(ies) were financially responsible for your attendance? ☐ Employer ☐ Industry ☐ Self ☐ Other

CLICK HERE TO  
**RESET**  
THIS SECTION

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Attendee Name (first name, middle initial, last name) \_\_\_\_\_

### VII. RECEIVING INFORMATION

By providing your e-mail and mailing address you agree to receive e-mails and/or mail from the American Diabetes Association (ADA), which may include, but is not limited to information regarding Scientific Sessions such as program updates, monthly e-news, ADA Daily newspapers and future meetings.

☐ In accordance with the European Union's General Data Protection Regulation, we are required to obtain consent from you in order to process your (and your client's) personal data. Please check the box if you consent in allowing CMR, the official Housing and Registration provider of the ADA, to process you (and your client's) personal data?

☐ Yes ☐ No In line with best practices for attendance promotion, ADA provides Exhibitors with an attendee list to market their products and services. Please select "Yes" if you agree to be contacted by Exhibitors. If you select "No", you will only be contacted by ADA.

ADA's Privacy Policy is available at [www.diabetes.org/about-us/privacy-policy.html](http://www.diabetes.org/about-us/privacy-policy.html).

Sign up for DiabetesPro News SmartBrief!

☐ A free daily publication helping you break through the information clutter with quick, easy-to-read summaries of articles relevant to you and the broader diabetes research and clinical community.

### VIII. TERMS & CONDITIONS

- The American Diabetes Association (ADA) reserves the right to accept, reject or condition acceptance of any registrant, in ADA's sole discretion, at anytime.
- *Right to use name & likeness:* In consideration for my participation in ADA's meeting, I hereby grant ADA the perpetual, world-wide, royalty-free right and permission to record, photograph, use and distribute (royalty-free, both now and in the future) my image, name, and voice in all forms and all media including, without limitation, photographs, electronic reproductions and transmission of images and audio files, webcasting, and any and all other uses on the internet for any and all ADA's lawful purposes.
- *Waiver & release:* By registering for this meeting, I acknowledge and assume all risks associated with participation in the meeting and any associated events/activities (e.g. Networking Reception) including without limitation any slips and falls. I hereby knowingly waive and release ADA, its employees, directors, officers, volunteers, agents, successors, licensees, assigns, vendors and sponsors from any and all claims, liabilities, or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage, or any inconvenience whatsoever, arising from participation in this meeting and any associated events/activities whether or not such damage, injury, or loss may occur on the premises of the meeting, at offsite venues, in participating hotels or on event ground transportation. I also hereby knowingly waive and release ADA, its employees, directors, officers, volunteers, agents, successors, licensees, assigns, vendors and sponsors from any and all claims that I may have or may arise regarding the use of my name and image, including any and all claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright.
- **Photography of presentation slides may be allowed at the discretion of the presenter/study author. Videotaping and audio recording in session rooms is not allowed. In addition, photography, videotaping and audio recording is not allowed in the Exhibit Hall and the Poster Hall.**

☐ I certify that I have read/understood and agree to abide by the terms and conditions stated above for myself.

### IX. PAYMENT INFORMATION

Registration Fees \$ \_\_\_\_\_ + Membership Fees \$ \_\_\_\_\_ + Pre-Conference \$ \_\_\_\_\_ + Additional Items \$ \_\_\_\_\_

**= Total Amount Due \$ \_\_\_\_\_**

Checks and money orders must be payable to the American Diabetes Association and must be drawn on a U.S. bank, in U.S. dollars. If paying by credit card, fax this form to the number on page 1; if paying by check, mail this form to the address on page 1 (do not send credit card information via mail).

☐ Check/Money Order # \_\_\_\_\_ ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_/\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip/Postal Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

### X. CHANGES OR CANCELLATIONS

- Name changes and substitutions are not permitted.
- All cancellation and refund requests must be made in writing and sent to the ADA Support Center (<http://ada.cmrushelp.com>) or faxed to (415) 293-4073.
- For a full refund of the registration fee (less a \$50 administrative fee) cancellation requests must be received by **February 21, 2019**.
- Cancellation requests received between **February 22, 2019** and **April 25, 2019** will receive a refund of 50% of the registration fee.
- Cancellation requests received after **April 25, 2019** will not receive a refund of the registration fee.
- ADA Research Foundation donations, Membership fees, and Diabetes Is Primary pre-conference are **non-refundable**.
- Diabetes*Insight* subscription cancellations cannot be processed by ADA Registration. Please contact them directly for assistance.
- Webcasts, 5K@ADA T-Shirts, City Pins, *Annual Review of Diabetes*, and Shuttle Passes will be fully refundable if cancelled by **May 30, 2019**.
- All attempts will be made to process refunds within 30 days of cancellation.
- ADA Registration will correct any errors when calculating the total amount due.

**PRINT**

this form and return via fax  
to (415) 293-4073

