

Diabetes Core Curriculum Workshop (DCCW), Version 37 by Pro Health Consulting
 Registration Form for **April 23 - 26, 2012** at the Sheraton LaGuardia East Hotel, NY

Personal Information (This is a fill-in form; type responses in the 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, lunch and refreshments)

Course Tuition **\$995.00** (Note: Left click your mouse in the box to mark an X)

Discount Registration (**Important:** registration must be postmarked by 3/26/12 to receive these discounts)

Early Registration \$895.00 MNYADE & GSADE members \$880.00 (*attach proof*)
 DCCW Alumni \$865.00 3 or more registered together \$865.00 each
(include all names on each registration form)

Payment Information EIN: 11-3583949

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***

Mail to:

DCCW c/o Pro Health Consulting
 PO Box 27
 Mohnton, PA 19540-0027

Cardholder's Name	
Card Number	/ / /
Expiration Date	
* CVV2 #	
* Billing Address	
* Billing Zip Code	

*** REQUIRED** – The CVV2 # is the last 3 numbers on the reverse of the credit card.

For billing address, enter just the street address and zip code on file with the credit card company.

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 3/26/12 for a tuition refund. Cancellations received between 3/26/12 – 4/09/12 will be charged a \$75 (US) administration fee. No refunds after 4/09/12 (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.

Food Preferences / allergies? Kosher Vegetarian Gluten Free Other: _____

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

Disclaimer: We reserve the right to cancel a program in the event of unforeseen circumstances. Registration fees will be refunded. Insufficient check funds will be assessed a \$20 fee. Our complete terms and policies can be found on our website. .pdf