

9th International Congress of the IDS and ADA Research Symposium

November 14-18, 2007

Loews Miami Beach Hotel ♦ Miami Beach, FL

REGISTRATION FORM

Advance Registration Deadline: November 2, 2007

Please register only one person per form. Please print clearly.

Check here if you would like to receive information concerning future ADA Scientific Meetings.

PERSONAL DATA

I consider myself primarily a:

Clinician Scientist Educator Industry

Academic Degree(s): MD MD, PhD PhD Other _____
Other _____

Name _____ Family Name _____

Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Business Phone: _____ Business Fax: _____

Email: _____

Place of Work: Hospital Managed Care Private Practice
 Academic Military Other _____

REGISTRATION FEES (check one)

	Postmarked on Or before September 14, 2007	Postmarked after September 15, 2007 and On-Site
ADA Member	\$575	\$630
IDS Member	\$575	\$630
Non-Member	\$695	\$750
Two-Day (Sat & Sun)	\$350	\$350

Total Fees: \$ _____

In case of emergency during the meeting, please contact:

Name _____

Phone _____

Will this person be staying in the hotel: Yes No

PLEASE TAKE A MOMENT TO ANSWER THESE QUESTIONS

- Is this your first time attending an ADA Professional Educational Course? Yes No
- Do you plan to attend the 55th Annual Advanced Postgraduate Course in San Francisco, CA?
Yes No
- How did you learn about this meeting?
ADA Web site IDS Web site Mailing Colleague
Other (please indicate) _____



Check here if you require special assistance to fully participate in the meetings.

Yes; attached is a written description of requirements. (i.e., refrigerator for medication)

SPECIAL MEAL REQUESTS

Please check if appropriate:

Vegetarian Kosher Other _____

PAYMENT OF FEES

Checks and money orders must be payable to the American Diabetes Association and must be drawn on a US Bank. Purchase orders, wire transfers and bank drafts are not acceptable. Registrations will not be processed until payment is received.

Check Money Order
American Express VISA MasterCard Discover

Credit Card issued in the name of (please print)

Credit Card Number _____

Incomplete credit information can not be accepted. Please submit full card number.

Expiration Date _____

I authorize the American Diabetes Association to charge the total payment fee indicated on this form to my credit card.

Signature (required) _____

- The ADA reserves the right to accept, reject or condition acceptance, based on ADA's sole discretion, for any reason which need not be disclosed to the applicant. (please check to indicate comprehension)
- Attendee agrees to hold harmless the American Diabetes Association and its subsidiaries, employees, agents and volunteers, and the Facility for any damages to property or individuals caused by them or injuries incurred by them that may occur during the conference.
- Photography, including camera-enabled cell phones, and videotaping in session rooms or workshops is forbidden.

NOTE: If your registration can not be postmarked or faxed by November 2, 2007, please plan to register on-site. On-site registration begins at 10:00 a.m. on November 14, 2007.

On-Line, Fax, or Mail

For accurate and easy registration, please visit up at: diabetes.org/ids07

Fax: (703) 253-4878

Mail: American Diabetes Association
Meeting Registration
1701 N. Beauregard Street
Alexandria, VA 22311

If you have questions regarding registration, please contact ADA Meeting Registration Department at: (703) 549-1500 Ext. 2453.

CANCELLATION/REFUND POLICY

- All cancellation requests must be submitted in writing and postmarked on or before October 15, 2007.
- Cancellations postmarked on or before September 14, 2007 will receive a full refund less US \$50 processing fee.
- Cancellations postmarked between September 15 and October 15, 2007 will receive a refund less 50%. Refunds will be mailed 30 days after the conclusion of the meeting.
- Cancellations postmarked after October 16, 2007 will not receive a refund.
- Name changes and substitutions are not permitted.