ADCES25

AUGUST 8–11 / PHOENIX, AZ

IN PERSON
FRIDAY, AUGUST 8–MONDAY, AUGUST 11

ON-DEMAND
MONDAY, AUGUST 25–MONDAY, DECEMBER 29

ATTENDEE REGISTRATION & HOUSING FORM

ADCES ID# Military/Government ID#

First Name MI Last Name

Title Employer

Address City State Zip

Credentials

E-mail Address Phone Number ❑ Mobile ❑ Home ❑ Business

FULL CONFERENCE REGISTRATION—(Check your selection) includes all education sessions, general sessions, corporate symposia and education theaters, exhibit hall, posters, and networking events. Includes on-demand access.

Membership Status	3/25–6/26	6/27–8/11
❑ Member	$430	$530
❑ Nonmember	$630	$730
❑ Retired** or Military/Government Member*	$330	$430
❑ Retired or Military/Government Nonmember*	$430	$530
❑ Student*** (No CE/CME Credits)	$115	$115
❑ Membership (1 year Active) Non-refundable and non-transferable.	$180	$180

* Must present Government ID onsite to guarantee rate. Without a current Government issued ID, your rate WILL CHANGE on site to the next applicable rate.
** Must be ADCES Retired Member to receive rate.

DAILY REGISTRATION—(Check your selection) includes access to all educational sessions, exhibit hall, and networking events on the specific day(s) registered.

Membership Status	3/25–6/26	6/27–8/11
❑ Member	$235	$335
❑ Nonmember	$335	$435

Check the day(s) you wish to attend ❑ Friday, 8/8 ❑ Saturday, 8/9 ❑ Sunday, 8/10 ❑ Monday, 8/11

Total Daily Fee:_____

ON-DEMAND REGISTRATION—(Check your selection) includes access to limited number of recorded education sessions, and access to posters and exhibitors from Monday, August 25–Monday, December 29, 2025.

Membership Status	3/25–6/26	6/27–12/29
❑ Member/Retired/Military/Government Member	$355	$455
❑ Nonmember/Retired/Military/Government Nonmember	$555	$655
❑ Student (No CE/CME Credits)	$90	$90
❑ Membership (1 year Active) Non-refundable and non-transferable.	$180	$180

Hotel Information

Hotel Reservation—Deadline Friday, July 18, 2025

Hotel reservations must be made online (adcesmeeting.org) and secured with a credit card.

Hotel Name	Single/Double Rates
Sheraton Phoenix Downtown (Headquarter Hotel)	**$159**
Courtyard by Marriott Phoenix Downtown	$139
Hampton Inn and Suites Phoenix Downtown	$126
Hilton Garden Inn Phoenix Downtown	$159
Hyatt Regency Phoenix	$159
Kimpton Hotel Palomar Phoenix	$159
Renaissance Phoenix Downtown Hotel	$159
Residence Inn by Marriott Phoenix Hotel	$149
Springhill Suites Phoenix Downtown	$126
The Westin Phoenix Downtown	$159

Occupancy Tax: 12.57% (subject to change) + Nightly Fee

A credit card is required to guarantee your reservation. Reservations must be canceled at least 72 hours prior to arrival to avoid a one night's room and tax charge. Room rates quoted are subject to city, state taxes and a nightly fee. Group rates will be honored until Friday, July 18, 2025 or until the room block is sold out. After Friday, July 18, 2025 group rates will be offered on a space-available basis only.

* Additional fees may apply

ADCES25

AUGUST 8–11 / PHOENIX, AZ

IN PERSON
FRIDAY, AUGUST 8–MONDAY, AUGUST 11

ON-DEMAND
MONDAY, AUGUST 25–MONDAY, DECEMBER 29

ATTENDEE REGISTRATION & HOUSING FORM

PRECONFERENCE—(Check your Selection)

	Member	Nonmember
❑ Implicit Bias Workshop—How Does Bias Affect Treatment?* (Thursday, August 7 | 8:00 a.m.–12:00 p.m. [MT])	$0	$0
❑ Diabetes Pharmacotherapy: A Case-Based Approach to Optimal Care and Management (Thursday, August 7 | 1:00–5:00 p.m. [MT])	$249	$329
❑ Reimbursement Bootcamp (Thursday, August 7 | 1:00–5:00 p.m. [MT])	$249	$329
❑ CORE Concepts® Course (Friday, August 8–Sunday, August 10)	$605	$875

*Registration is limited to 200 attendees and available on a first-come, first-served basis.

ADCES CELEBRATION EVENT TICKETS—Included in Full Conference Paid Registrations

The ADCES Celebration ticket is included with full paid conference registrations. Attendees with student, guests, single day, or complimentary registrations must purchase a ticket separately. Tickets are available in advance for $30 or onsite at registration for $50.

Sunday, 8/10 from 8:00 p.m.–10:00 p.m. | $30.00 each x _____ (# of tickets) _____

GUEST REGISTRATION—Includes access to the exhibit hall and general sessions only. CE credits are NOT available for this registration.

$100.00 each x _____ (# of Guests) _____ $ _____

Guest Name(s):_____ Guest E-mail(s): _____

Guest Mobile Number: _____

Total Conference Registration Fees: $ _____

This includes conference registration, preconferences, and guest badges.

DEMOGRAPHIC QUESTIONS

What is your primary profession? (REQUIRED)

❑ Nurse ❑ Advanced Practice Nurse ❑ Dietitian ❑ Pharmacist ❑ Pharmacist Technician ❑ PA ❑ Physician ❑ Social Worker
❑ Health Educator/Coach ❑ Community Health Worker ❑ Other _____

You **MUST** choose all your applicable credentials in order to receive your appropriate certificates upon the evaluation completion.

NURSING CREDENTIALS

❑ LPN License # _____ State_____
❑ RN License # _____ State_____
❑ APRN License # _____ State_____
❑ NP License # _____ State_____
❑ CNS License # _____ State_____
❑ CRNA License # _____ State_____
❑ CMN License # _____ State_____

DIETITIAN CREDENTIALS

❑ RD/RDN Registration # _____
❑ LDN License # _____ State_____

PHYSICIAN CREDENTIALS

❑ MD License # _____ State_____
❑ DO License # _____ State_____
❑ DPM License # _____ State_____
❑ OD License # _____ State_____
❑ LDO License # sdf State_____

PHARMACY CREDENTIALS

❑ PharmD License # _____ State_____
NABP ePID#:_____
Birthday MMDD:_____

❑ RPh License # _____ State_____
NABP ePID#:_____
Birthday MMDD:_____

❑ CPhT License # _____ State_____
NABP ePID#:_____
Birthday MMDD:_____

PUBLIC HEALTH CREDENTIALS

❑ CHES License # _____ State_____
❑ MCHES License # _____ State_____
❑ CHW License # _____ State_____

SOCIAL WORK CREDENTIALS

❑ BSW License # _____ State_____
❑ MSW License # _____ State_____
❑ LCSW License # _____ State_____

OTHER CREDENTIALS

❑ CDCES Certificate #_____
❑ BC-ADM Certificate #_____
❑ PA License # _____ State_____
❑ PT License # _____ State_____
❑ OT License # _____ State_____
❑ LCPC License # _____ State_____
❑ Other_____

ADCES25

AUGUST 8–11 / PHOENIX, AZ

IN PERSON
FRIDAY, AUGUST 8–MONDAY, AUGUST 11
ON-DEMAND
MONDAY, AUGUST 25–MONDAY, DECEMBER 29

ATTENDEE REGISTRATION & HOUSING FORM

What is your gender? ❑ Male ❑ Female ❑ Non-binary ❑ Prefer not to answer

What is your age group? ❑ Under 30 ❑ 31-40 ❑ 41-50 ❑ 51-60 ❑ 61+

How would you describe yourself?

❑ Caucasian/White
❑ Asian/American
❑ American Indian/Alaska Native
❑ Hispanic, Latinx, or Spanish origin
❑ African American/Black
❑ Middle Eastern
❑ Native Hawaiian/Pacific Islander
❑ Mixed; multiple racial backgrounds
❑ Prefer not to answer

How many ADCES Annual Conferences have you ever attended?

❑ 1-3 ❑ 4-6 ❑ 7-10 ❑ 11+ ❑ This is my first

What are you most looking forward to by attending ADCES25 in-person or on-demand? ***(Select up to 3)***

❑ Networking with peers
❑ Earning CE/CME
❑ Meeting with exhibitors to learn about products and services
❑ Viewing education, research and industry posters and speaking with the authors
❑ Gaining knowledge to elevate my role on the diabetes care team
❑ Discovering new products, technologies and programs to support my practice
❑ Learning from speakers who are experts in the field
❑ Learning about the latest research in diabetes care and education
❑ Listening to sessions on-demand at my leisure
❑ Location of the conference

What is your position?

❑ Staff/Clinical Care ❑ Consultant ❑ Pharmacist ❑ Diabetes Care and Education Specialist
❑ Administrator/Program Manager ❑ Coordinator/Supervisor ❑ Other_____

How many years of experience in diabetes care and education do you have?

❑ No experience ❑ 2 years or less ❑ 3–5 years ❑ 6–10 years ❑ 11–15 years ❑ 16–20 years ❑ 20+ years

What is your practice setting?

❑ Self Employed
❑ Outpatient Diabetes Center
❑ Hospital Inpatient
❑ Hospital-Based Clinic
❑ Retail Pharmacy
❑ Indian Health Services
❑ Community Health Center/FQHC
❑ Home Care Services Organization
❑ Endocrinologist Office
❑ University
❑ Hospital Pharmacy
❑ Long Term Care Facility/Skilled Nurse Facility
❑ Managed Care/Commercial Health Plan (e.g. HMO)
❑ Military Base/Government Facility/VA Hospital
❑ Industry (Pharmaceutical, Medical Equipment, etc.)
❑ Other _____

Do you have influence over any of the following areas? ***(Check all that apply)***

❑ Medication Choice
❑ Medication Adjustment
❑ Supplements
❑ Patient Support Software/Apps
❑ Nutrition Recommendations
❑ Devices for Insulin Delivery
❑ Devices for Monitoring Glucose
❑ None of the above

What is your overall level of influence?

❑ Evaluate Recommend/Refer ❑ Train/Educate ❑ Final Say/Prescribe ❑ No Role

Do you wish to receive e-mail communication from exhibitors regarding private events, focus groups, and promotional materials?

❑ Yes ❑ No

Do you require special accommodations due to disability or physical challenges defined by the 1990 American with Disabilities Act?
(This health information is for internal use only.)

❑ N/A ❑ Wheelchair Accessible ❑ Hearing Impaired ❑ Visually Impaired ❑ Other _____

Do you have any special dietary needs? *(This health information is for internal use only.)*

❑ None ❑ Vegetarian ❑ Vegan ❑ Gluten free ❑ Celiac ❑ Other _____

In case of emergency while attending ADCES25, whom should we contact? (REQUIRED)

Name_____ Phone Number _____

ATTENDEE REGISTRATION & HOUSING FORM

CANCELLATION POLICY

All cancellations must be received in writing via e-mail to adces@mcievents.com. Cancellations or name changes whether for in-person or on-demand attendance, are eligible for a full refund less a $75 processing fee if received by **Thursday, June 26, 2025**. Refunds will be granted for FULL PROGRAM and CORE Concepts registrations ONLY. No refunds will be granted for students, guests, single day, preconference courses, or Celebration tickets. ADCES 1-year Membership is non-refundable and non-transferable.

No-shows will not receive a refund.

To Convert Your In-Person to On-Demand Registration or On-Demand to In-Person Registration: Registrants may convert an in-person registration to on-demand or on-demand to in-person until **Thursday, July 17, 2025** and receive a refund equal to the difference between the in-person rate at the time of their original registration and the on-demand registration rate at the time of the conversion request. Requests can be made by e-mailing adces@mcievents.com.

ATTENDEE ATTESTATION

By attending the ADCES25 Annual Conference, you agree to abide by and engage in certain health-and-safety beneficial conduct while attending the event. This includes, but is not limited to, self-reporting COVID-19 illness, respectfully abiding by requests from venue and ADCES staff, and excusing yourself from the event if you are ill or have recently been exposed to COVID-19. You give permission for ADCES to contact you via mobile phone and e-mail in case of an emergency arises onsite.

PHOTO & VIDEO

Your entry and presence on the event premises constitutes your consent to be photographed, filmed and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of your appearance, voice, and name for any purpose whatsoever in perpetuity and connection with ADCES and its initiatives, including, by way of example only, use on websites, in social media, news, and advertising.

FULL PAYMENT FOR REGISTRATION BY CHECK MUST ARRIVE NO LATER THAN FRIDAY, JULY 11, 2025

Mail checks to:

ADCES Registration
Department 4445, Carol Stream, IL 60122-4445

BY SIGNING THIS FORM: I acknowledge that the ADCES registration cancellation policies are in effect, consent to the attendee attestation, and grant ADCES the right to use photos and videos taken, which include me, in promotional materials for future meetings.

Name

Signature Date

©2025 ADCES 26-25