

ADCES ID#		Military/Government ID#	
First Name	MI	Last Name	
Title	Employer		
Address	City	State	Zip
Credentials			
E-mail Address	Phone Number	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> 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. Paid registrations include one Celebration ticket. Does NOT include Preconference sessions.

Membership Status	3/26-6/20	6/21-8/12
<input type="checkbox"/> Member	\$430	\$530
<input type="checkbox"/> Nonmember	\$630	\$730
<input type="checkbox"/> Retired** or Military/Government Member*	\$330	\$430
<input type="checkbox"/> Retired or Military/Government Nonmember*	\$430	\$530
<input type="checkbox"/> Student*** (No CE/CME Credits)	\$115	\$115
<input type="checkbox"/> 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.

\*\*\* Celebration ticket not included.

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

Membership Status	3/26-6/20	6/21-8/12
<input type="checkbox"/> Member	\$235	\$335
<input type="checkbox"/> Nonmember	\$335	\$435

Check the day(s) you wish to attend  Friday, 8/9  Saturday, 8/10  Sunday 8/11  Monday 8/12

**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 26-Monday, October 28, 2024.

Membership Status	3/26-6/20	6/21-10/28
<input type="checkbox"/> Member/Retired/Military/Government Member	\$355	\$455
<input type="checkbox"/> Nonmember/Retired/Military/Government Nonmember	\$555	\$655
<input type="checkbox"/> Student (No CE/CME Credits)	\$90	\$90
<input type="checkbox"/> Membership (1 year Active) Non-refundable and non-transferable.	\$180	\$180

### Hotel Information

#### Hotel Reservation—Deadline Monday, July 15, 2024

Hotel reservations must be made online ([adcesmeeting.org](http://adcesmeeting.org)) and secured with a credit card.

Hotel Name	Single/Double Rates
<b>Hilton Riverside New Orleans (Headquarter Hotel)</b> .....	\$189
Cambria Hotel New Orleans Downtown Warehouse District .....	\$139
Courtyard by Marriott New Orleans Warehouse Arts District .....	\$164
DoubleTree by Hilton Hotel New Orleans.....	\$159
Embassy Suites by Hilton New Orleans.....	\$199
Four Seasons Hotel New Orleans .....	\$250
Hampton Inn & Suites New Orleans Convention Center.....	\$194/\$204
Harrah's New Orleans Hotel.....	\$259
Hilton Garden Inn New Orleans Convention Center.....	\$139
Hyatt Place New Orleans Convention Center.....	\$169
Loews New Orleans Hotel.....	\$159
New Orleans Marriott .....	\$169
New Orleans Marriott Warehouse Arts District .....	\$185
Omni Riverfront New Orleans .....	\$159
Renaissance New Orleans Arts Warehouse District .....	\$169
Sheraton New Orleans .....	\$165
Springhill Suites by Marriott New Orleans Warehouse Arts .....	\$169
Westin New Orleans.....	\$179

#### Occupancy Tax: 16.2% (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 Monday, July 15, 2024 or until the room block is sold out. After Monday, July 15, 2024 group rates will be offered on a space-available basis only.

\* Additional fees may apply

### PRECONFERENCE – (Check your Selection)

	Member	Nonmember
<input type="checkbox"/> Pharmacology Boot Camp (Thursday, August 8   1:00–5:00 p.m. [CST])	\$249	\$329
<input type="checkbox"/> Leveraging Language to Improve Diabetes Care—No CE-(Limited availability) (Thursday, August 8   1:00–3:30 p.m. [CST])	\$0	\$0
<input type="checkbox"/> CORE Concepts® Course (Friday, August 9–Sunday, August 11)	\$605	\$875

### ADCES CELEBRATION EVENT TICKETS – Included in Full Conference Paid Registrations.

One Celebration ticket is included for paid full conference registrants. To claim your ticket, you must select 1 ticket. Daily, guest, student and complimentary registrations will need to purchase a ticket. Celebration tickets can be purchased in advance for \$50 or onsite at registration for \$75.

Sunday, 8/11 from 8:00 p.m.–10:00 p.m. | \$50.00 each x \_\_\_\_\_ (# of tickets) \_\_\_\_\_

Full conference paid attendees will receive one complimentary Celebration ticket.  
Daily, guest, student and complimentary registrations will need to purchase separately.

### 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, Celebration event, 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 # \_\_\_\_\_ 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 \_\_\_\_\_

**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?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Caucasian/White               | <input type="checkbox"/> Hispanic, Latinx, or Spanish origin | <input type="checkbox"/> Native Hawaiian/Pacific Islander   |
| <input type="checkbox"/> Asian/American                | <input type="checkbox"/> African American/Black              | <input type="checkbox"/> Mixed; multiple racial backgrounds |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Middle Eastern                      | <input type="checkbox"/> 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 ADCES24 in-person or on-demand? (Select up to 3)**

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

**What is your position?**

- Staff/Clinical Care  Clinical Specialist  Consultant  Pharmacist  Patient/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?**

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medication Choice             | <input type="checkbox"/> Nutrition Recommendations      |
| <input type="checkbox"/> Medication Adjustment         | <input type="checkbox"/> Devices for Insulin Delivery   |
| <input type="checkbox"/> Supplements                   | <input type="checkbox"/> Devices for Monitoring Glucose |
| <input type="checkbox"/> Patient Support Software/Apps | <input type="checkbox"/> 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 ADCES24, whom should we contact? (REQUIRED)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### CANCELLATION POLICY

**All cancellations must be received in writing via e-mail to [adces@mcievents.com](mailto: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 20, 2024**. 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 18, 2024** 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](mailto:adces@mcievents.com).

### ATTENDEE ATTESTATION

By attending the ADCES24 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 12, 2024

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