

AADEID# _____ Military/Government ID# _____

First Name MI Last Name

Title Employer

Address City State Zip

Credentials (to be seen on badge)

Email Address Phone Number Mobile Home Business

What is your primary profession? (REQUIRED)

Nurse Nurse Practitioner Dietitian Pharmacist PA Physician Other

Full Conference Registration (Circle your selection) - includes all education sessions, general sessions, corporate symposia and product theaters, exhibit hall, posters and networking events. Does **NOT** include Preconference sessions. Full Conference Registrants will receive complimentary access to recorded educational sessions.*

*No CE available for accessing these recorded sessions.

Membership Status 2/26 – 4/26 4/27 – 6/21 Starting 6/22

Member	\$355	\$405	\$455
Nonmember	\$555	\$605	\$655
Military/Government*	\$255	\$305	\$355
Military/Government Nonmember	\$355	\$405	\$455
Retired**	\$255	\$305	\$355
Student (No CE credits)	\$35	\$35	\$35

*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 AADE Retired Member to receive rate.

Daily Registration (Circle your selection) - includes access to all educational program sessions, exhibit hall and networking events on the specific day(s) registered.

Membership Status 2/26 - 6/21 Starting 6/22

Member	\$160	\$260
Nonmember	\$210	\$310

Circle the Day(s) you wish to attend: Friday, 8/9 | Saturday, 8/10 | Sunday, 8/11 | Monday, 8/12

Total Daily Fee: _____

\$160 - **Exhibit Hall & General Session** - includes access to exhibit hall and general sessions only. CE credits are **NOT** available for this registration.

\$35 - **Guest Registration** - includes access to the exhibit hall and general sessions only. CE credits are **NOT** available for this registration.

Guest Name(s): _____

Preconference

	Member	Nonmember
<input type="checkbox"/> Reimbursement Boot Camp (8/8)	\$249	\$299
<input type="checkbox"/> Pharmacology Boot Camp (8/8)	\$249	\$299
<input type="checkbox"/> Advanced Lifestyle Training (8/8)	\$249	\$299
<input type="checkbox"/> CORE Concepts® Course (8/9-12)	\$595 Advance \$695 Onsite	\$795 Advance \$895 Onsite

AADE Celebration Event Tickets – Sunday, 8/11 from 7:30pm - 10:00pm
\$20.00 each x _____ (# of tickets)

TOTAL REGISTRATION FEE: _____

Housing Information

Hotel Reservation-Deadline July 5, 2019

Official Hotels	Single/Double Rates
Courtyard Houston Downtown.....	\$125
Embassy Suites Houston Downtown.....	\$159
Four Seasons.....	\$169
Hampton Inn Houston Downtown.....	\$139
Hilton Americas Houston (Co-Headquarter).....	\$158
Homewood Suites Downtown.....	\$149
Hotel Alessandra.....	\$164
JW Marriott Downtown.....	\$155
Le Meridien.....	\$142
Marriott Marquis Houston (Co-Headquarter).....	\$165
Residence Inn Houston Downtown.....	\$125
Springhill Suites Houston Downtown.....	\$125
Westin Houston Downtown.....	\$159

Occupancy Tax: 17% (subject to change)

Reservations require a credit card and will be charged one night's room and tax. Room rates quoted are subject to city and state taxes. Group rates will be honored until Friday, July 5, 2019, or until the room block is sold out. After Friday, July 5, 2019 group rates will be offered on a space -available basis only. NOTE: If you would like to reserve an upgraded room or a suite, please contact aade@wyndhamjade.com for rates, availability and deposit amount.

Hotel Choices

Reservations are by request and processed on a first come, first served basis. Enter your hotel choices in order of preference.

1) _____ Rewards # _____
2) _____ Rewards # _____

In cases where hotel choices cannot be accommodated, please assign based on:

Room Rate Hotel Location

Reservation Details

Name _____

Arrival _____ Departure _____

Share with (if applicable) _____

ADA Compliant

Room Type: Single Double (1Bed)

Double (2Beds) Triple* (2Beds) Quad* (2Beds)

* Additional fees may apply

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

<p><u>Nursing Credentials</u></p> <p><input type="checkbox"/> APN License # _____ State _____</p> <p><input type="checkbox"/> APRN License # _____ State _____</p> <p><input type="checkbox"/> CNS License # _____ State _____</p> <p><input type="checkbox"/> CPNP License # _____ State _____</p> <p><input type="checkbox"/> CRNP License # _____ State _____</p> <p><input type="checkbox"/> DNP License # _____ State _____</p> <p><input type="checkbox"/> FNP License # _____ State _____</p> <p><input type="checkbox"/> GNP License # _____ State _____</p> <p><input type="checkbox"/> LPN License # _____ State _____</p> <p><input type="checkbox"/> NP License # _____ State _____</p> <p><input type="checkbox"/> PNP License # _____ State _____</p> <p><input type="checkbox"/> RN License # _____ State _____</p>	<p><u>Dietitian Credentials</u></p> <p><input type="checkbox"/> RD/RDN Registration # _____ State _____</p> <p><input type="checkbox"/> LDN License # _____ State _____</p> <p><u>Doctor Credentials</u></p> <p><input type="checkbox"/> MD License # _____ State _____</p> <p><input type="checkbox"/> DO License # _____ State _____</p> <p><input type="checkbox"/> DPM License # _____ State _____</p> <p><input type="checkbox"/> OD License # _____ State _____</p> <p><input type="checkbox"/> LDO License # _____ State _____</p> <p><u>Pharmacy Credentials</u></p> <p><input type="checkbox"/> PharmD License # _____ State _____</p> <p><input type="checkbox"/> RPh License # _____ State _____</p> <p>NABP ePID#: _____</p> <p>Birthday MMDD: _____</p>	<p><u>Public Health Credentials</u></p> <p><input type="checkbox"/> CHES</p> <p><input type="checkbox"/> MCHES</p> <p><input type="checkbox"/> CHW</p> <p><u>Other Credentials</u></p> <p><input type="checkbox"/> CDE License # _____ State _____</p> <p><input type="checkbox"/> BC-ADM License # _____ State _____</p> <p><input type="checkbox"/> PA License # _____ State _____</p> <p><input type="checkbox"/> MSW License # _____ State _____</p> <p><input type="checkbox"/> PT License # _____ State _____</p> <p><input type="checkbox"/> OT License # _____ State _____</p> <p><input type="checkbox"/> LCPC License # _____ State _____</p>
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What is your age group? Under 30 31-40 41-50 51-60 60+

How many AADE Annual Conferences have you ever attended? 1-3 4-6 7-10 11+ This is my first

What is your position?

Staff/Clinical Care Clinical Specialist Consultant Pharmacist Patient/Diabetes Educator Administrator/Program Manager Coordinator/Supervisor

What is your practice setting?

- | | |
|---|---|
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Physician, Primary Care, Endocrinologist Office |
| <input type="checkbox"/> Outpatient Diabetes Center | <input type="checkbox"/> Hospital Inpatient/Hospital Outpatient Programs/Services |
| <input type="checkbox"/> University | <input type="checkbox"/> Hospital-Based Clinic |
| <input type="checkbox"/> Hospital Pharmacy | <input type="checkbox"/> Retail Pharmacy |
| <input type="checkbox"/> Long Term Care Facility/Skilled Nurse Facility | <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"/> Home Care Services/Organization | <input type="checkbox"/> Industry (Pharmaceutical, Medical Equipment, etc.) |

Do you wish to receive promotional materials/emails from Exhibitors? Yes No

Do you require special accommodations due to disability or physical challenges defined by the 1990 American with Disabilities Act?

Wheelchair Accessible Hearing Impaired Visually Impaired Other _____

In case of emergency while attending AADE19, whom should we contact?

Name _____ Phone Number _____

A full refund of the registration fee less an administrative fee will be granted for all written requests received by **June 21, 2019**. Written requests must be submitted to meetings@aadenet.org. No refund will be given after **June 21, 2019**. Refunds will be granted to FULL CONFERENCE registrations only. **No refunds** will be granted for Students, Guests, Single Day or Exhibit Hall & General Session Only, Preconference Courses or Celebration Tickets. **No-shows will not receive a refund.**

Full payment for registration by check must arrive no later than **July 19, 2019**.

No checks accepted for hotel deposit.

Mail checks to:

AADE Registration

Department 4445, Carol Stream, IL 60122-4445

Credit Cards will be charged immediately.

Visa MasterCard Discover American Express

Card Number _____

Expiration Date _____

Security Code _____

Name as it appears on card _____

Signature _____

By signing this form: I authorize AADE's registration company to charge my credit card for the total payment due, acknowledge that the AADE registration cancellation policies are in effect and grant AADE the right to use photos and videos taken, which include me, in promotional materials for future meetings.