

Symposium Registration Form

2010 Clinical Nutrition Management DPG Symposium

April 10–13, 2010 • San Francisco, CA

Office use only:

Ver Memb _____
CC ADA _____
Reg _____
Conf _____
Inv _____
144-410-3160-4404

1. Please complete all information, using one form per registrant. Your badge will appear as shown below. Your registration confirmation will be sent to you via E-mail or fax. This will NOT change your ADA membership record.

ADA MEMBER NUMBER _____ FORMAL FIRST NAME _____ NICKNAME _____

LAST NAME _____ PROFESSIONAL SUFFIX/CREDENTIALS _____

POSITION TITLE _____

PLACE OF EMPLOYMENT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS (REQUIRED FOR CONFIRMATION PURPOSES) _____

2. Registration includes admittance to all sessions, program materials, one reception, three continental breakfasts and two lunches. Costs are per person. Name badges are required at all events.

Circle Your Membership Type	Full Symposium On or Before 3/12/10	Full Symposium After 3/12/10	Amount Due
ADA/CNM Member	\$350	\$375	_____
ADA Member/Non-CNM Member	\$400	\$425	_____
Non ADA Member	\$450	\$475	_____
Full-time Student (see below)	\$275	\$300	_____
Retired ADA Member	\$275	\$300	_____
* Guest (Name _____)	\$165	\$190	_____

**Due to costs assumed by CNM, guest participation during food functions requires a special fee, which includes one reception, three continental breakfasts and two lunches.*

Students complete the following: Please include a copy of your current student ID.

Institution _____

Instructor's Signature _____

3. Please check the box if you will attend the power walk on Sunday Yes
4. If you have a special dietary or physical need, check yes here and explain Yes
- _____

5. **Type of payment:** Facility purchase orders are not accepted.

Check/Money Order Enclosed VISA MasterCard American Express Discover

Card Number _____ Exp Date _____

Print Cardholder Name _____

Signature _____ Total Due _____

I agree to pay this amount according to card user agreement.

- All attendees who register by **March 12** will be listed in a roster to be distributed on-site to all symposium registrants. Please check the box if you **do not** want your contact information listed.

We encourage you to register online at www.eatright.org/cnm2010symposium

Or, fax completed form and credit card information to **1-312-475-1405**. Please do not mail this form if you have already registered by fax or online. Or return completed form with check **payable to American Dietetic Association/DPG 44** and mail to: **Rita Pollack, Pollack Meeting & Event Management, Inc., 1030 North State Street, Suite 5C, Chicago, IL 60610**. Registration received after **Monday, April 5, 2010** will be accepted on-site, space permitting.

Written requests for refunds must be postmarked on or before **Friday, March 26, 2010** to receive a refund, less a \$75 processing fee. No refunds will be granted for cancellation requests postmarked after March 26, 2010.

Please keep a copy of this form for your records.