

# Improving Diabetes Care in Kansas—2010 Update

Friday–Saturday, October 8–9, 2010 • Hyatt Regency Hotel • Wichita, Kansas

## 1 Please Print

Title (Mr., Mrs., Ms., Dr.) \_\_\_\_\_ Full name (First, MI, Last, Suffix) \_\_\_\_\_

Send my confirmation and receipt to this e-mail address:

E-mail \_\_\_\_\_ Job title \_\_\_\_\_

Priority code (Please copy this code located above your name on the mailing label.) \_\_\_\_\_

Credentials \_\_\_\_\_ Specialty \_\_\_\_\_

Institution or firm \_\_\_\_\_

Address ( Home or  Work) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (in case of last minute event changes) (\_\_\_\_\_) \_\_\_\_\_

Please include my information on the participant roster.  Please do not include my information on the participant roster.

## 2 Fees

- Physician .....\$175
- Nurse .....\$175
- Advance Practice Nurse.....\$175
- Certified Diabetes Educator .....\$175
- Dietitian .....\$175
- Physical Therapist .....\$175
- Other Healthcare Professional.....\$175
- Resident or Student .....\$50
- Physician Assistant .....\$175

Total due \$ \_\_\_\_\_

## 3 Payment

Check enclosed, payable to KU Medical Center.

Charge to:  MasterCard  VISA (no other cards accepted)

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card (print) \_\_\_\_\_

## 4 Preferred Means of Communication

Please continue to send KUCE information by (check all that apply):

Mail  E-mail  Fax

Please remove my name from the mailing list.

### Privacy Policy

KU Continuing Education does not share, sell, or rent its mailing lists. You have our assurance that any information you provide will be held in confidence by KU Continuing Education.

We occasionally use mailing lists that we have leased. If you receive unwanted communication from KUCE, it is because your name appears on a list we have acquired from another source. In this case, please accept our apologies.

### Program Accessibility

We accommodate persons with disabilities. Please call 785-864-5823 or mark the space on the registration form, and a KU Continuing Education representative will contact you to discuss your needs. To ensure accommodation, please register at least two weeks before the start of *Improving Diabetes Care in Kansas—2010 Update*.

The University of Kansas is committed to providing programs and activities to all persons, regardless of race, religion, color, national origin, ancestry,

## 5 Easy Ways to Register

**Mail** Complete the registration form and mail with payment to:  
The University of Kansas  
Continuing Education  
Registrations  
1515 Saint Andrews Drive  
Lawrence, Kansas 66047-1619

**Phone** Toll-free 877-404-5823  
or 785-864-5823

**Fax** 785-864-4871

**TDD** 800-766-3777

**Web** [www.ContinuingEd.ku.edu](http://www.ContinuingEd.ku.edu) (keyword: Diabetes)



### Special Accommodation

If you will need special accommodation, please mark the box above, and a member of the Continuing Education staff will contact you.  
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sex, age, disability, and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status, and parental status.

The University of Kansas Medical Center is an AA/EO Title IX institution.

### Refund and Cancellation Policy

A full refund of registration fees, less a \$15 administrative fee, will be available if requested in writing and received by September 30, 2010. No refunds will be made after that date. A \$30 fee also will be charged for returned checks.

**(Please note that if you fail to cancel by the deadline and do not attend, you are still responsible for payment.)** KU Continuing Education reserves the right to cancel *Improving Diabetes Care in Kansas—2010 Update* and return all fees in the event of insufficient registration. The liability of the University of Kansas is limited to the registration fee. The University of Kansas will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.