AADE19 HOUSTON, TEXAS
FRIDAY, AUGUST 9–MONDAY, AUGUST 12, 2019

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
❑ Reimbursement Boot Camp (8/8)	$249	$299
❑ Pharmacology Boot Camp (8/8)	$249	$299
❑ Advanced Lifestyle Training (8/8)	$249	$299
❑ 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 12, 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
Holiday Inn Express Downtown	$135
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 12, 2019, or until the room block is sold out. After Friday, July 12, 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.

Nursing Credentials

- ❑ APN License # _____State_____
- ❑ APRN License # _____ State_____
- ❑ CNS License # _____ State_____
- ❑ CPNP License # _____ State_____
- ❑ CRNP License # _____ State_____
- ❑ DNP License # _____ State_____
- ❑ FNP License # _____ State_____
- ❑ GNP License # _____ State_____
- ❑ LPN License # _____ State_____
- ❑ NP License # _____ State_____
- ❑ PNP License # _____ State_____
- ❑ RN License # _____ State_____

Dietitian Credentials

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

Doctor Credentials

- ❑ MD License #_____State_____
- ❑ DO License #_____State_____
- ❑ DPM License #_____State_____
- ❑ OD License #_____State_____
- ❑ LDO License #_____State_____

Pharmacy Credentials

- ❑ PharmD License #_____State_____
- ❑ RPh License #_____State_____

NABP ePID#: _____

Birthday MMDD: _____

Public Health Credentials

- ❑ CHES
- ❑ MCHES
- ❑ CHW

Other Credentials

- ❑ CDE License #_____ State_____
- ❑ BC-ADM License #_____ State_____
- ❑ PA License #_____ State_____
- ❑ MSW License #_____ State_____
- ❑ PT License #_____ State_____
- ❑ OT License #_____ State_____
- ❑ LCPC License #_____ State_____

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?

- ❑ Self Employed
- ❑ Outpatient Diabetes Center
- ❑ University
- ❑ Hospital Pharmacy
- ❑ Long Term Care Facility/Skilled Nurse Facility
- ❑ Indian Health Services
- ❑ Home Care Services/Organization
- ❑ Physician, Primary Care, Endocrinologist Office
- ❑ Hospital Inpatient/Hospital Outpatient Programs/Services
- ❑ Hospital-Based Clinic
- ❑ Retail Pharmacy
- ❑ Managed Care/Commercial Health Plan (e.g. HMO)
- ❑ Military Base/Government Facility/VA Hospital
- ❑ 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.