ADCES25

AUGUST 8–11 / PHOENIX, AZ

ON-DEMAND
MONDAY, AUGUST 25–MONDAY, DECEMBER 29

ATTENDEE REGISTRATION FORM

ADCES ID# _____ Military/Government ID# _____

First Name _____ MI _____ Last Name _____

Title _____ Employer _____

Address _____ City _____ State _____ Zip _____

Credentials _____

E-mail Address _____ Phone Number ❑ Mobile ❑ Home ❑ Business

ON-DEMAND REGISTRATION—(Check your selection) includes access to limited number of recorded education sessions, and access to posters and exhibitors from Monday, August 25–Monday, December 29, 2025.

Membership Status	**6/27–12/29**
❑ Member/Retired/Military/Government Member	$455
❑ Nonmember/Retired/Military/Government Nonmember	$655
❑ Student (No CE/CME Credits)	$90
❑ Membership (1 year Active) Non-refundable and non-transferable.	$180

Total Conference Registration Fees: $ _____

This includes the on-demand conference registration fees, as well as the one-year membership fee if it is selected

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_____

* Additional fees may apply

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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?

❑ Caucasian/White
❑ Asian/American
❑ American Indian/Alaska Native
❑ Hispanic, Latinx, or Spanish origin
❑ African American/Black
❑ Middle Eastern
❑ Native Hawaiian/Pacific Islander
❑ Mixed; multiple racial backgrounds
❑ 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 ADCES25 in-person or on-demand? ***(Select up to 3)***

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

What is your position?

❑ Staff/Clinical Care ❑ Consultant ❑ Pharmacist ❑ 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?

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

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

❑ Medication Choice
❑ Medication Adjustment
❑ Supplements
❑ Patient Support Software/Apps
❑ Nutrition Recommendations
❑ Devices for Insulin Delivery
❑ Devices for Monitoring Glucose
❑ 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

ATTENDEE REGISTRATION FORM

CANCELLATION POLICY

As per the ADCES25 cancellation policy, no refunds will be issued past Thursday, June 26, 2025.

No-shows will not receive a refund.

FULL PAYMENT FOR REGISTRATION BY CHECK MUST ARRIVE NO LATER THAN MONDAY, DECEMBER 1, 2025.

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, which include me, in promotional materials for future meetings.

Name

Signature Date