

ADCES ID#		Military/Government ID#	
First Name	MI	Last Name	
Title	Employer		
Address	City	State	Zip
Credentials			
E-mail Address	Phone Number	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Business

FULL CONFERENCE REGISTRATION—(Check your selection) includes all education sessions, general sessions, corporate symposia and education theaters, exhibit hall, posters, and networking events. Includes on-demand access.

Membership Status	3/31-6/25	6/26-12/29
<input type="checkbox"/> Member	\$450	\$550
<input type="checkbox"/> Nonmember	\$650	\$750
<input type="checkbox"/> Retired** or Military/Government Member*	\$350	\$450
<input type="checkbox"/> Retired or Military/Government Nonmember*	\$450	\$550
<input type="checkbox"/> Student*** (No CE/CME Credits)	\$120	\$120
<input type="checkbox"/> Membership (1 year Active) Non-refundable and non-transferable.	\$180	\$180

* 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 ADCES Retired Member to receive rate.

DAILY REGISTRATION—(Check your selection) includes access to all educational sessions, exhibit hall, and networking events on the specific day(s) registered.

Membership Status	3/31-6/25	6/26-12/29
<input type="checkbox"/> Member	\$235	\$335
<input type="checkbox"/> Nonmember	\$335	\$435

Check the day(s) you wish to attend Friday, 8/7 Saturday, 8/8 Sunday, 8/9 Monday, 8/10

Total Daily Fee: _____

ON-DEMAND REGISTRATION—(Check your selection) includes access to limited number of recorded education sessions, and access to posters and exhibitors from Monday, August 24–Tuesday, December 29, 2026.

Membership Status	3/31-6/25	6/26-12/29
<input type="checkbox"/> Member/Retired/Military/Government Member	\$355	\$455
<input type="checkbox"/> Nonmember/Retired/Military/Government Nonmember	\$555	\$655
<input type="checkbox"/> Student (No CE/CME Credits)	\$90	\$90
<input type="checkbox"/> Membership (1 year Active) Non-refundable and non-transferable.	\$180	\$180

Hotel Information

Hotel Reservation—Deadline Friday, July 17, 2026

Hotel reservations must be made online (adcesmeeting.org) and secured with a credit card.

Hotel Name	Single/Double Rates
Hilton Columbus Downtown (Headquarter Hotel)	\$194
Hyatt Regency Columbus.....	\$175
Drury Plaza Hotel Columbus Downtown.....	\$174
Red Roof Plus+ Columbus Downtown—Convention Center.....	\$160
Courtyard by Marriott Columbus Downtown.....	\$169
Hampton Inn & Suites Columbus Downtown.....	\$179/\$189
Sonesta Columbus Downtown.....	\$175
AC Hotel Columbus Downtown.....	\$219
Moxy Columbus Short North.....	\$179
Canopy Columbus Downtown Short North.....	\$185
Graduate Columbus.....	\$194
The Renaissance Columbus Downtown.....	\$149
Le Méridien Columbus, The Joseph.....	\$309

Occupancy Tax: 19% (subject to change) + Nightly Fee

A credit card is required to guarantee your reservation. Reservations must be canceled at least 72 hours prior to arrival to avoid a one night's room and tax charge. Room rates quoted are subject to city, state taxes and a nightly fee. Group rates will be honored until **Friday, July 17, 2026** or until the room block is sold out. After **Friday, July 17, 2026** group rates will be offered on a space-available basis only.

* Additional fees may apply

PRECONFERENCE—(Check your Selection)

	Member	Nonmember
<input type="checkbox"/> Diabetes Pharmacotherapy: A Case-Based Approach to Optimal Care and Management (Thursday, August 6 1:00-5:00 p.m. [ET])	\$249	\$329

ADCES CELEBRATION EVENT TICKETS—Included in Full Conference Paid Registrations

The ADCES Celebration ticket is included with full paid conference registrations. Attendees with student, guests, single day, or complimentary registrations must purchase a ticket separately. Tickets are available in advance for \$25 or onsite at registration for \$50.

Sunday, 8/9 from 8:00 p.m.-10:00 p.m. | \$25.00 each x _____ (# of tickets) _____

GUEST REGISTRATION—Includes access to the exhibit hall and general sessions only. CE credits are NOT available for this registration.

\$100.00 each x _____ (# of Guests) _____ \$ _____

Guest Name(s): _____ Guest E-mail(s): _____

Guest Mobile Number: _____

Total Conference Registration Fees: \$ _____

This includes conference registration, preconferences, and guest badges.

DEMOGRAPHIC QUESTIONS

What is your primary professional discipline? (REQUIRED)

- Registered Nurse Nurse Practitioner/Advanced Practice Registered Nurse Registered Dietitian/Nutrition Professional
- Pharmacist Pharmacist Technician Physician Associate/Assistant Physician Social Worker Health Educator/Coach
- Community Health Worker Non-Clinical Professional (Not Seeking CE/CME Credit)
- Other Healthcare Professional _____

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

<p>NURSING CREDENTIALS</p> <p><input type="checkbox"/> LPN License # _____ State _____</p> <p><input type="checkbox"/> RN License # _____ State _____</p> <p><input type="checkbox"/> APRN License # _____ State _____</p> <p><input type="checkbox"/> NP License # _____ State _____</p> <p><input type="checkbox"/> CNS License # _____ State _____</p> <p><input type="checkbox"/> CRNA License # _____ State _____</p> <p><input type="checkbox"/> CMN License # _____ State _____</p> <p>DIETITIAN CREDENTIALS</p> <p><input type="checkbox"/> RD/RDN Registration # _____</p> <p><input type="checkbox"/> LDN License # _____ State _____</p>	<p>PHYSICIAN CREDENTIALS</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>PHARMACY CREDENTIALS</p> <p><input type="checkbox"/> PharmD License # _____ State _____</p> <p>NABP ePID#: _____</p> <p>Birthdate MMDD: _____</p> <p><input type="checkbox"/> RPh License # _____ State _____</p> <p>NABP ePID#: _____</p> <p>Birthdate MMDD: _____</p> <p><input type="checkbox"/> CPhT License # _____ State _____</p> <p>NABP ePID#: _____</p> <p>Birthdate MMDD: _____</p>	<p>PUBLIC HEALTH CREDENTIALS</p> <p><input type="checkbox"/> CHES License # _____ State _____</p> <p><input type="checkbox"/> MCHES License # _____ State _____</p> <p><input type="checkbox"/> CHW License # _____ State _____</p> <p>SOCIAL WORK CREDENTIALS</p> <p><input type="checkbox"/> BSW License # _____ State _____</p> <p><input type="checkbox"/> MSW License # _____ State _____</p> <p><input type="checkbox"/> LCSW License # _____ State _____</p> <p>OTHER CREDENTIALS</p> <p><input type="checkbox"/> CDCES Certificate # _____</p> <p><input type="checkbox"/> BC-ADM Certificate # _____</p> <p><input type="checkbox"/> PA 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> <p><input type="checkbox"/> Other _____</p>
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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+ Prefer Not to Answer

How would you describe yourself?

- Caucasian/White Hispanic, Latinx, or Spanish origin Native Hawaiian/Pacific Islander
 Asian/American African American/Black Mixed; multiple racial backgrounds
 American Indian/Alaska Native Middle Eastern Prefer not to answer

How many ADCES Annual Conferences have you ever attended?

- This is my first 1-3 4-6 7-10 11+

What are you most looking forward to by attending ADCES26 in-person or on-demand? (Select up to 3)

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

Which option best describes your primary role?

- Direct Patient Care/Clinician Program Director/Manager/Administrator Coordinator/Supervisor /Team Lead
 Faculty/Educator/Researcher Consultant/Independent Practice Industry (pharmaceutical, device, or technology company)
 Student/Trainee 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 primary practice setting?

- Self-Employed/Private Practice Endocrinology Office
 Outpatient Diabetes Center University/Academic Institution
 Hospital/Inpatient & Ambulatory Managed Care/Commercial Health Plan (e.g., HMO)
 Pharmacy (Hospital, Retail) Government/Military/Tribal Health Facility
 Community Health Center/FQHC Industry (Pharmaceutical, Medical Equipment, etc.)
 Post-Acute / Long-Term & Home Care Other _____

In your professional role, which of the following areas do you help decide, guide, or recommend? (Check all that apply)

- Medication Choice Nutrition Recommendations
 Medication Adjustment Devices for Insulin Delivery
 Supplements Devices for Monitoring Glucose
 Patient Support Software/Apps None of the above

For the areas you selected above, which best describes your role in decision-making?

- 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

Do you need any special accommodations due to a disability or physical limitation under the Americans with Disabilities Act (1990)?

(This health information is for internal use only.)

- None Visual Assistance Mobility: Wheelchair Access Mobility: Accessible Seating Mobility: Elevator Access
 Vision: Audio Description Vision: Guide or Service Animal Accommodation Vision: Large Print or Accessible Materials
 Hearing: Sign Language Interpreter Hearing: Real-Time Captioning Other _____

Do you have any special dietary needs? Kosher and Halal

- None Vegetarian Vegan Gluten free Celiac Other _____

In case of emergency while attending ADCES26, whom should we contact? (REQUIRED)

Name _____ Phone Number _____

CANCELLATION POLICY

All cancellations must be received in writing via e-mail to adces@mcievents.com. Cancellations or name changes whether for in-person or on-demand attendance, are eligible for a full refund less a \$75 processing fee if received by **Thursday, June 25, 2026**. Refunds will be granted for FULL PROGRAM registration ONLY. No refunds will be granted for students, guests, single day, preconference courses, or Celebration tickets. ADCES 1-year Membership is non-refundable and non-transferable.

No-shows will not receive a refund.

To Convert Your In-Person to On-Demand Registration or On-Demand to In-Person Registration: Registrants may convert an in-person registration to on-demand or on-demand to in-person until **Thursday, July 16, 2026** and receive a refund equal to the difference between the in-person rate at the time of their original registration and the on-demand registration rate at the time of the conversion request. Requests can be made by e-mailing adces@mcievents.com.

ATTENDEE ATTESTATION

By attending the ADCES26 Annual Conference, you agree to engage in and comply with reasonable health and safety practices while participating in the event. This includes, but is not limited to, self-monitoring and self-reporting symptoms of illness, complying with requests and instructions from the venue and ADCES staff, and excusing yourself from the event if you are ill or have recently been exposed to an infectious or communicable disease. You give permission for ADCES to contact via mobile phone and email in case of an emergency arises onsite. You give permission for ADCES to contact you via mobile phone and e-mail in case of an emergency arises onsite.

PHOTO & VIDEO

Your entry and presence on the event premises constitutes your consent to be photographed, filmed and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of your appearance, voice, and name for any purpose whatsoever in perpetuity and connection with ADCES and its initiatives, including, by way of example only, use on websites, in social media, news, and advertising.

FULL PAYMENT FOR REGISTRATION BY CHECK MUST ARRIVE NO LATER THAN FRIDAY, JULY 10, 2026

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, and grant ADCES the right to use photos and videos taken, which include me, in promotional materials for future meetings.

Name

Signature

Date