

# On-site Registration Form

## Diabetes Day at the Capitol

### February 2, 2010

For more information go to:

<http://www.kentuckydiabetes.net>

**Sponsored by the Kentucky Diabetes Network and the American Diabetes Association**

<b>1.</b>	<b>Diabetes advocate attending:</b>	<b>Home address info, NOT work address.</b>		
	Name:	Daytime Phone:	(    )	-
	Home Address:			
	Street	City	State	Zip + 4
	Home E-mail:	Home County:		
<b>2.</b>	<b>We will be holding two advocacy trainings. Please let us know what time you would like to attend.</b>			
	8:30 am	<input type="checkbox"/>	10:00 am	<input type="checkbox"/>
<b>3.</b>	<b>Have you scheduled a meeting with your legislators?</b>			
	Not yet, but plan to schedule my appointment soon <input type="checkbox"/>			
	No, I need help scheduling an appointment. Please call or e-mail me <input type="checkbox"/>			
	No, I would prefer to join a meeting that has already been scheduled <input type="checkbox"/>			
	Yes, and I am willing to have others attend with me <input type="checkbox"/>			
	Yes, but I would prefer to meet privately <input type="checkbox"/>			
	No, I cannot meet with my legislator(s) on February 2, 2010 <input type="checkbox"/>			
	No, I have met or will meet with my legislator(s) at another time <input type="checkbox"/>			
<b>4.</b>	<b>Please provide the following information about all appointments you made for Feb. 2<sup>nd</sup>:</b>			
	Senator's name:	Meeting time and room:		
	Representative's name:	Meeting time and room:		
	Representative's name:	Meeting time and room:		
<b>5.</b>	<b>Are you on a "first-name basis" with any members of the Kentucky legislature? If yes, please let us know who and what your connection is:</b>			
<b>7.</b>	<b>Do you have a connection with diabetes?</b>			
	<input type="checkbox"/>	Yes, I have type 1	<input type="checkbox"/>	Yes, I have a child/children with diabetes
	<input type="checkbox"/>	Yes, I have type 2	<input type="checkbox"/>	I have a family member(s) with diabetes
	<input type="checkbox"/>	Yes, I have pre-diabetes	<input type="checkbox"/>	No, I'm just concerned about this issue
<b>8.</b>	<b>Are you a health care professional?</b>			
	<input type="checkbox"/>	No	<input type="checkbox"/>	Physician
	<input type="checkbox"/>	Diabetes Educator	<input type="checkbox"/>	Researcher
	<input type="checkbox"/>	Dietitian/Nutritionist	<input type="checkbox"/>	Student
	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Other health care professional
	<input type="checkbox"/>	Pharmacist		
<b>9.</b>	All participants at the Diabetes Day at the Capitol will receive a Diabetes Advocate t-shirt. Please let us know what size you would like.			
	<input type="checkbox"/>	Small	<input type="checkbox"/>	Extra Large
	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Extra Extra Large
	<input type="checkbox"/>	Large		
<b>10.</b>	<b>Please make any comments about registration or Diabetes Day at the Capitol below:</b>			

**BRING THIS FORM WITH YOU TO SAVE TIME REGISTERING. FOR MORE INFO CONTACT:**

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