

PADA Annual Meeting & Exhibition Registration Form

Pittsburgh Marriott North, Cranberry Twp., PA April 25 - 27, 2010

Instructions:

1. One registration per form. Photocopies are acceptable
2. Make checks payable to **PADA Annual Meeting**. VISA/MC/and DISCOVER ACCEPTED
3. View program outline and register online at www.eatrightpa.org
4. Refunds will be honored (minus 10% for processing costs) until April 1, 2009. No refunds after April 1, 2009.
5. Envelope must be post marked by April 1, 2009 to receive pre-registration rates.
6. Mail completed form to:

PADA Annual Meeting
96 Northwoods Blvd, Suite B2
Columbus, OH 43235

Complete exactly as you wish the information to appear on your badge. ADA Member Number: _____

Last Name: _____ First Name: _____ Professional Suffix _____

Position or Title: _____ Organization/Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ extension: _____ Home Phone : _____ E-mail: _____

PADA Annual Meeting Registration: Please check appropriate box

	<u>Pre-Registration</u>			<u>Late/On Site Registration (after April 1)</u>		
	ADA Member	Non-Member	Student*	ADA Member	Non-Member	Student*
One Day	<input type="checkbox"/> \$160	<input type="checkbox"/> \$195	<input type="checkbox"/> \$60	<input type="checkbox"/> \$175	<input type="checkbox"/> \$210	<input type="checkbox"/> \$75
Two Days	<input type="checkbox"/> \$220	<input type="checkbox"/> \$260	<input type="checkbox"/> \$75	<input type="checkbox"/> \$235	<input type="checkbox"/> \$275	<input type="checkbox"/> \$90

* Students/Interns: Please include name of school/internship and directors name: _____

If attending only one day, please indicate day: Monday Tuesday

Please indicate need for **vegetarian or other special dietary need** lunch: Monday _____ Tuesday _____

April 25, 2010 Sunday Pre-Conference Workshops

#1 Motivational Interviewing and Coaching

Eileen Stellefson Myers, MPH, RD, LDN, FADA & Julie F. Schwartz, MS, RD, CSSD, LD, ACSM-HFS & CPT

Co-Sponsored with the Weight Management Dietetics Practice Group 1 – 5 PM (4 CPEUs) Snack included.

Please check if attending: \$80.00 For PADA member. \$90.00 for non-members

#2 How to Individualize MNT for Your Renal Patients Speaker, Linda Bridges, RD, LDN

Co-Sponsored with Pennsylvania Dietitians in Health Care Communities DPG 6-8:00 PM (2 CPEUs) Cocktail hour included.

Please check if attending: \$35.00 For PADA member. \$45.00 for non-members

PAY BY CREDIT CARD:

VISA MC Discover Account Number _____

Exp Date: _____ V Code: _____ Signature: _____

Total Annual Meeting Amount \$ _____

PAY BY CHECK: payable to PADA Annual Meeting

A voluntary contribution to the PADAF Scholarship Fund is enclosed: \$ _____

(Please make check payable to PADAF and indicate which scholarship) General Eichelberger Parks

A voluntary Contribution to PADA PAC is enclosed (please make check payable to PADA PAC) \$ _____