

## American Diabetes Association

15th Annual Professional Education Symposium **Diabetes and Obesity** 

# IJABES

### IN HAWAII

Saturday, September 30, 2017 11:15 AM to 5:00 PM

> The Queen's Conference Center 510 South Beretania Street Honolulu, Hawaii



Role of Nutrition Therapy in the Management of Diabetes and Obesity Macronutrients and their Effect on Blood Glucose

Sheri R. Colberg-Ochs, PhD

Professor Emerita, Old Dominion University Former Adjunct Professor of Internal Medicine, Eastern Virginia Medical School

Metabolic Surgery: The Selection Process and Postoperative Care

Judith Rudnick, MD

Associate Medical Director, Bariatrician, The Queen's Medical Center Comprehensive Weight Management Program Clinical Assistant Professor of Medicine University of Hawaii John A. Burns School of Medicine

Ronelle Sato, PsvD

Lead Psychologist, The Queen's Medical Center Comprehensive Weight Management Program

Pharmacologic Advances in Diabetes Management Updates to the 2017 Standards of Medical Care in Diabetes

Robert E. Ratner, MD. FACP, FACE

Former Chief Medical and Scientific Officer, American Diabetes Association

Registration: \$35 | Free for Students in the Health/Medical Field

Earn up to 4.0 Continuing Medical Education Credits; lunch and refreshments provided, parking \$5.00 with validation. Register online at professional.diabetes.org/hawaii or call (808) 947-5979.





This Program is Accredited by





Special Thanks to our Supporters





# DIABESITY IN HAWAII REGISTRATION FORM

Online registration is available at professional.diabetes.org/hawaii Please print your name and credentials as they should appear on your name badge and certificate. Please fax completed registration form to (808) 546-7502 before September 25, 2017, or by mail to ADA Hawaii, 900 Fort Street Mall, Suite 940, Honolulu, Hawaii 96813 and provide complete payment information or check payable to the American Diabetes Association. First: Last: Credentials: CE Type: ☐ Physician ☐ Pharmacist ☐ Nurse ☐ Dietitian ☐ Other Pharmacist Only (NABP required) ePID: \_\_\_\_\_\_\_ Birth Date (MM/DD):\_\_ \_\_/\_\_\_ Employment Affiliation: Address: State: Zip: For above address, please indicate: ☐ Home ☐ Business Phone: ( ) \_\_\_\_\_ Fax: ( ) Email (required): Registration Fee: \$35.00 (Fee waived for Medical Students - please call the ADA at (808) 947-5979 to register) ☐ Make a Tax Deductible Donation: \$ Tax-ID 13-1623888 Card Type: ☐ Visa ☐ Master Card ☐ Amex ☐ Other Card#: Name on Card: CVV/CVC: Billing Address: Exp:

#### Disabilities Act



Amount: \$

 $\square$  Check here if you require special assistance to fully participate in the conference (please attach a written description of requirements).

### Cancellation Policy

Should you need to cancel, please notify the American Diabetes Association twelve business days prior to the event. If you submitted your payment online, please access your registration using the link and confirmation number in your registration confirmation email to process your cancellation by midnight on **Thursday**, **September 21**, **2017** to be eligible for a full refund. Payments made by check or purchase order must be submitted in writing (either by e-mail or fax) to the email address or fax info provided below. Cancellations on or after **Friday**, **September 22**, **2017** are not eligible for refunds.

For more information, please contact the American Diabetes Association at 808-947-5979 or email adahawaii@diabetes.org. You can also visit us on the web at http://professional.diabetes.org/hawaii.