

Sweet Success:

Diabetes & Pregnancy Program *Training & Clinical Update*

January 25 & 26, 2011

Country Inn & Suites

5975 Lusk Blvd

San Diego, CA 92121

REGISTRATION FORM

Registration fee includes CEUs, lunch for Day 1, and all conference material. Registration deadline is **January 5, 2011**

Name _____

Address _____

City, State, Zip Code _____

Daytime Phone _____

Email (required) _____

Employer: _____

Position/Title: _____

DISCIPLINE (check one)

MD RN License No.: _____ RD SW LVN MA

Office Manager Other: _____

PAYMENT (check one)

\$190 for both days Affiliate Staff: \$160.00 for both days

*Choose one of the following options:

Here is my registration; payment to follow.

Enclosed is my payment for registration.

My Employer will be sending payment.

Contact Person _____ Phone No. _____

Check # _____ for \$ _____

Make check payable and mail to:

REGIONAL PERINATAL SYSTEM

c/o Sweet Success Training

7835 Trade Street, Ste 100, San Diego, CA 92121

or

Fax to: 858 536-5099