

Diabetes Legislative Day At The Capitol

February 27, 2007

Registration Form

(Return as soon as possible – by 1-27-07)

1. Meeting place (circle one): Frankfort on 2-27-07 or local?
If local, where and when? _____

2. Diabetes advocate attending:

Name: _____ Daytime Phone: _____

Address: _____
Street City State Zip

E-Mail: _____

3. Name of Legislator(s) with whom you made an appointment:

Name: _____ Meeting Date and Time: _____

Name: _____ Meeting Date and Time: _____

Name: _____ Meeting Date and Time: _____

Name: _____ Meeting Date and Time: _____

4. Person with diabetes who will attend with you:

Name: _____ Daytime Phone: _____

Address: _____
Street City State Zip

E-Mail: _____

5. T-Shirt Size: Mark choice with X

S	M	L	XL
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