

# Making Data Count

## Measuring Diabetes and Obesity in the Indian Health System

IHS Division of Diabetes Treatment and Prevention  
December 18-20, 2007

### Registration Form

First Name		Last Name	
Degree(s)		Title	
Department/Division		Organization	
Tribes represented by your organization			
Address			
City		State	Postal Code
Phone	Fax	E-mail	
Check appropriate box		SDPI Grantee - please check all that apply	
<input type="checkbox"/> IHS	<input type="checkbox"/> Tribal Program	<input type="checkbox"/> Community-Directed Program (non-competitive)	
<input type="checkbox"/> Urban Program	<input type="checkbox"/> Other; _____	<input type="checkbox"/> Demonstration Project: Diabetes Prevention	
<input type="checkbox"/> Please check here for special dietary needs; _____		<input type="checkbox"/> Demonstration Project: Healthy Heart	
<input type="checkbox"/> Please check here for disability accommodations; _____			
<input type="checkbox"/> \$50 (if registered by September 30, 2007 and paid by December 3rd)			
<input type="checkbox"/> \$75 (if registered after September 30, 2007 and paid by December 3rd)			
<input type="checkbox"/> \$100 (if registering on-site or paying after December 3rd)			
<input type="checkbox"/> Visa	Card No. _____		
<input type="checkbox"/> MasterCard	Expiration Date _____		
<input type="checkbox"/> Check (Payable to: the Hill Group)	Name on Card _____		
Total \$ _____			

Please fax or mail this form to:  
IHS Making Data Count Conference, c/o the Hill Group  
6903 Rockledge Drive, Suite 540, Bethesda, MD 20817  
Fax: 301.897.9587

For questions and for more information, contact:  
Kimi De Leon  
Phone: 301.897.2789  
E-mail: [kdeleon@thehillgroup.com](mailto:kdeleon@thehillgroup.com)