



PHILIPPINE ASSOCIATION OF DIABETES EDUCATORS AND
ASSOCIATION OF DIABETES NURSE EDUCATORS OF THE PHILIPPINES



Date: _____

PARTICIPANT INFORMATION SHEET

Name	(last name)	(first name)	(middle name)	
Profession	MD	RN	RND	OTHERS: _____
STUDENTS: Please specify course _____				
PMA No. (for CME units purposes)			PRC No. and Expiry (for CPE units purposes)	
Membership	PADE	ADNEP	Non-Member	
Residential Address				
Personal Contact Numbers				
	(telephone)	(cellphone)	(email address)	
Institution/Organization				
Office Address				
Office Contact Numbers				
	(telephone)	(cellphone)	(email address)	