To Keep You Safe ...

Honestly, we're not trying to be too inquisitive, but because associations have been known to encounter medical problems with tour/seminar participants in the past, please let us know if you are diabetic or have any medical conditions that should be known in the event you "get into trouble" while participating in an association-sponsored event. Please help us help you should the need arise. ***Please know that your medical history will be treated as confidential material***.

Name: ____

☐ Diabetes ☐ Strong History of Heart Disease ☐ Seizure Disorder

☐ Other ____

☐ Other ____

We would also encourage you to pack a listing of any medications you may take on a routine basis.

In Case Of An Emergency, Please Notify: ______________________________

Address: ____

____

Telephone: ____________________ (home) ____________________ (work)

____________________ (cell)

- -

Name: ____

☐ Diabetes ☐ Strong History of Heart Disease ☐ Seizure Disorder

☐ Other ____

☐ Other ____

We would also encourage you to pack a listing of any medications you may take on a routine basis.

In Case Of An Emergency, Please Notify: ______________________________

Address: ____

____

Telephone: ____________________ (home) ____________________ (work)

____________________ (cell)

Please attach to your registration materials and forward to the association office.

Remember, your medical history will be held in strict confidence.