

The loss of a limb is among the most devastating complication of diabetes.

There is a role for all nurses in all settings to monitor, educate and support your client at risk.

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Report from the Chair

Aileen Knip RN BScN MN CCHN(c) CDE



I hope all have made it through this very cold winter! Welcome to the getting ready for spring edition of our DNIG newsletter. I would first like to take the opportunity to thank Lisa Herlehy (Communications ENO) for all her work in putting all of the articles together in a newsletter so that it is easy to read and looks professional. Another thank you goes out to Alwyn Moyer (Membership and Services) for all of her editing work on all of the submissions submitted. Of course we would not have a newsletter without all of our contributors who have submitted articles for this newsletter so thank you. It

does take a lot of work to put a newsletter together so we as DNIG Executive hope you as our membership enjoy reading the various articles. Our theme for this newsletter is the importance of foot care for people with diabetes. Feet, the part of our body that we cover up the most, yet are so important! As Leonardo da Vinci noted "The human foot is a masterpiece of engineering and a work of art". As nurses, when we care for people with diabetes, we need to have a good understanding of foot care for the prevention of many complications. DNIG held their AGM on December 4th, 2014. We

were able to discuss upcoming ideas for our Diabetes Nurse Interest Group. We will continue with producing 3 newsletters each year. With each newsletter we will strive to have a theme so we can encourage members to submit articles. For our next issue we plan to focus on medications. We are also planning on hopefully organizing new webinars on diabetes related topics as these were so successful last year. Remember you still are able to continue to access those webinars on the DNIG website.

The Human Foot ...

...a masterpiece of engineering and a work of art.

Don't forget it under that sock and shoe!



DNIG Executive Team



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 Margaret Little— Treasurer
 Alwyn Moyer— Membership and Services ENO
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 Romy Burgess Burfitt— Diabetes Advanced Practice Nurse Liaison

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“Stay connected
 to your nursing
 colleagues—renew
now”

Choosing
 the right
 path



RNAO updates: Using your Website

<http://rnao.ca/> - Your place to go for information and learn more about the public face of RNAO

<https://myrnao.ca/> - Learn more about the benefits you obtain from membership including

- Your chapters
- Your interest groups
- Education initiatives, funding opportunities, forms and other necessities

<http://dnig.rnao.ca/> - This is your interest group. Stay connected with colleagues. Keep up to date on what's new in diabetes including conferences and other opportunities.

Do you have a story, article, update or information that you would like to share on our DNIG website?

If so, please email your submission to Toba Miller at

tmiller@ottawahospital.on.ca

RNAO-Best Practice Guidelines

Best Practice Guidelines developed by RNAO are comprehensive guidelines—many include diabetes management issues

- [Foot Assessment](#) and [Ulcer Management](#)
- [Insulin](#)
- [Chronic disease](#)

Best Practice Guidelines: Systematically developed statements to assist practitioner and client decisions about appropriate health care for specific clinical (practice) circumstances ([Field & Lohr, 1990](#)).



Students Corner—Larissa Scimmi



**Larissa
polls her
class-
mates—
What do
you think
about
chronic
disease?**

Healthcare providers must understand chronic conditions like diabetes in order to give optimal care. It takes a lot of education to fully understand the anatomy, physiology and treatment of

chronic disease. As nursing students, we are taught many things about many diseases. Most importantly, we learn that needs must be individualized to the severity, type and specific needs of a patient.

With longer life spans and better treatments/technologies to treat health problems people with a chronic disease have to manage their conditions for a long time. Education should be a priority for patients living with any illness but after talking with fellow nursing students at the University of Windsor, I began to question whether the public, and patients themselves, get enough information to manage a lifelong condition.

What I heard from students is that they have found that patients and the public have many stereotypes, and much stigma surrounding diabetes and that patients have many misconceptions. This is what I heard:

“There are many misconceptions associated with disease and this may rise from poorly informed patients.”

“The public needs more education on the topic of diabetes. People know it is bad, but may not necessarily be sure why....” “Even patients suffering from different chronic illnesses than diabetes feel this way.”

Common comments from patients living with both type 1 and type 2 diabetes were:

“There is nothing I can do about it now”

“I want to enjoy life and not have to worry about my blood sugar levels”

Some patients with diabetes seem to think of it as a death sentence.

**“Students say,
‘give the
patient a
voice’ - good
advice for
everyone.**

People value health and nursing students are aware of the stigma of chronic disease. One student stated that patients, the public and healthcare providers could reduce the stigma by providing proper resources and education. Through education, patients may be able to develop a more positive attitude and see that maintaining their health and following a program designed specifically for them is worth it. Patients must get as much information about chronic disease as we do as nursing students. We learn what causes the disease, how the body reacts to certain elements, and what treatments (medical and nonmedical) can successfully improve management. As well, we have to help patients to integrate all of this information in the context of their own lives in order to create a lifestyle that is appropriate for them.

One quote that was very inspiring was:

“Diabetes doesn’t have to be the end of a life, it is the beginning of a new lifestyle.”

This could apply to many illnesses. Once a patient understands the parameters of the disease they are living with, they can create a new lifestyle that works for them physically, emotionally, mentally and spiritually. We all agreed that patients must be treated in a holistic manner. Yes, education on the scientific and medicinal perspective is important, but it is equally important to consider how disease affects a patient holistically. This is essential. Emotional distress can occur upon diagnosis or at any point throughout the lifespan of a disease. Knowing proper resources and being able to discuss this distress is a part of treatment for a chronic disease. The patient is a person, not the disease they live with.

We have learned that it is important to give patients a voice. Provide opportunity for patients to express themselves, time to ask questions and understand the illness they are living with. Luckily, as nursing students we often have more time to engage in a dialogue with patients, so can take the opportunity to address these aspects of patient’s lives. Upon reflection, education on the disease, emotional support and assistance in planning a different lifestyle are all very important factors for patients living with a chronic disease.

Larissa Scimmi is a third year nursing student at The University of Windsor

DNIG 2015 Conference Funding

We are pleased to report that once again we have funding to support three members to attend diabetes focused conferences in 2015. Applications will be accepted to March 31st, 2015 and will be processed on a first-come-first-served basis so act quickly!

Purpose: The purpose of this funding is to support DNIG member to attend a Diabetes Conference taking place 2015.

Amount: The funding will cover costs of travel, accommodation, and meals, up to a maximum of \$1000 per member. All original receipts must be submitted no later than 30 days following the conference.

Selection: The selection committee will be comprised of DNIG Executive Team Members.

Process: A completed funding application must consist of:

- A. DNIG Member funding for Conference Attendance-Application Form
- B. A brief personal summary (500 words as identified in selection criteria)

Successful applicants will also be asked to write a brief summary of their experiences and learning from participation for a future issue of the DNIG newsletter.

Eligibility Criteria: Applicant must have been an RN member of DNIG for a minimum of one year

Personal Summary Selection Criteria: Brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/ DNIG
3. Identified strategy for sharing learning with nursing colleagues.

Please send [completed scanned applications](#) and any questions to:

Lisa Herlehy
liher233@yahoo.com

16th Annual Options for Diabetes Workshop and Conference for Health Care Professionals - [click here for full details](#)

April 9th and 10th, 2015, at The Holiday Inn, 1 Princess St., Kingston, ON

Workshop: Thursday, April 9th, 2015, 1 - 5 p.m.

Registration Fee: \$80, workshop only

\$65 if also registering for the conference and the conference registration must accompany the workshop registration

Conference: Friday, April 10th, 2015, 7:30 a.m. - 4:30 p.m.

Fees: \$250; after March 20th, \$300

Students: \$60; after March 20th, \$80.

Speakers include: Dr. Marla Shapiro, Dr. Robyn Houlden, Dr. Pravin Shukle, Terrence Teixeira,



Mariam Botros is Executive Director of the [Canadian Association of Wound Care](#) and Director of [Diabetic Foot Canada](#)

Mariam Botros Recommends

Diabetic Foot Canada

@DiabeticFootCa

TWEETS
314

FOLLOWING
1,309

FOLLOWERS
766

FAVORITES
8



Join The Diabetic Foot Care Community

Join Now

Tips and Teaching for your Client

Tips for buying shoes :

- Pick a reputable establishment
- Buy later in day (swelling will be at maximum)
- Consider custom made orthotics for foot pain
- Choose heels less than 5 cm

Daily Dos—Every Day

- Check for cuts, cracks, bruises, blisters, sores, infections or unusual markings. *TIP:* Use a mirror to see bottoms of feet if you can't see them.
- Check the color of legs and feet for swelling warmth or redness
- Change socks daily
- Wash and dry —don't forget between the toes.
- Apply a good skin lotion on heels and soles. But not between toes!
- Avoid extremes in heat and cold (including sunburns)
- Exercise

Daily Don'ts

- Cut your own corns or calluses
- Self treat in-growing toenails or slivers with a razor or scissors.
- Use over-the-counter medications to treat corns and warts.
- Apply heat to your feet with a hot water bottle or electric blanket.
- Take very hot baths.
- Smoke.
- Walk barefoot inside or outside.
- Wear tight socks, garters or elastics, or knee-highs.
- Wear over-the-counter insoles which can cause blisters
- Sit for long periods of time.
- Soak your feet.

Avoiding Complications—Always

- Call a health care practitioner if there are signs of infection or new pain
- Clean a cut or scratch with a mild soap and water and cover with a dry dressing
- Trim your nails straight across
- See a foot care professional for advice and treatment

Adapted from CDA guidelines 'A Patient's Checklist'
<http://guidelines.diabetes.ca/executivesummary/appendices/Appendix9>



Specialty Foot Care—Romy Burgess Burfitt Shares her thoughts on her role in advanced foot care

The role of the Foot Care Nurse

As a specialized foot care nurse Romy provides assessment, education, and management of potential foot problems in the diabetic and geriatric population. Knowing that foot complications are a major cause of morbidity and mortality in persons with diabetes, and contribute to increased health care utilization and costs, Romy is also a passionate educator for nurses who wish to advance knowledge in the field. Given an aging demographic in Canada and a rise in the incidence and prevalence of type 2 diabetes mellitus, Romy hopes to see more foot care nurses as she knows there will be more opportunities for experts in the field.



What is a Foot Care Nurse?

A foot care nurse is a nurse who has obtained specialized training in Basic and Advanced Nursing Foot care.

- Many foot care nurses take a postgraduate course in Advanced Foot Care offered by community colleges or private career colleges and receive a certificate of courses completion from the institution

Infection Control - Romy reinforces basic principles

- Always clean hands with soap and water or alcohol hand sanitizer before and after each client.
- Use latex free gloves before, during, and after providing foot care treatments.
- Use a disposable mono filament as this decreased the risk of spreading fungal spores and bacteria
- Provide a barrier under the client's feet such as a blue pad or disposable paper towel to reduce the risk of cross contamination
- Never put the clients feet on your lap as fungal spores are the hardest life form to destroy.
- When providing treatment, a good footstool is best for the client to rest their feet on.
- Use a chair with a backrest to protect your lower back.
- Always cut the nail straight across.
- Use a foot file that has a disposable abrasive pad when filing nails.
- Use safety goggles or face shield to protect your eyes as the clipped nail can project like a missile.
- When filing the calluses, an N95 mask, a disposable plastic apron and a spa cap are recommended to protect lungs against air borne particles.
- Scrubs or lab coat should be removed immediately after foot care, and prior to leaving the work area to prevent the spread of fungal spores.
- Always clean tools as per institutional protocols and in keeping with CNO guidelines and Health Canada Foot care Infection Control Standards.
- At the conclusion of the treatment provide a foot rub with a urea based cream, and if possible advocate for the client to use it on their feet to decrease callus buildup.

*Romy is a
diabetes
educator who
also teaches
foot care at
the College of
Health Studies*

Semmes-Weinstein Monofilament Test — History and How To of Somatosensory Testing

Did you know that? - A short history

Sidney Weinstein was a philosopher, author and gifted sculptor in addition to being one of the first neuropsychologists

Josephine Semmes was a neurophysiologist working at National Institutes of Health when the monofilament thresholds were first used. As a tribute to her, Dr. Weinstein wanted her name first.

When DuPont first invented “Nylon” it was a fascinating unexplored substance. Weinstein recognized its viscoelastic properties as a superior replacement for the progressively sized diameter horsehairs he had been using in sensory threshold testing

Source: http://www.timelyneuropathytesting.com/weinstein_tribute.htm

Do you know how? - CDA guidelines help out

1. Show the 10-g Semmes-Weinstein monofilament to the patient.
2. Touch it first to the patient's forehead or sternum so that the sensation is understood.
3. Instruct the patient to say “yes” every time the monofilament stimulus is perceived.
4. With the patient's eyes closed, apply the monofilament to the dorsum of the great toe proximal to the nail bed as shown in the illustration below. Use a smooth motion—touch the skin, bend the filament for a full second, then lift from the skin.
5. Perform this stimulus 4 times per foot in an arrhythmic manner so the patient does not anticipate when the stimulus is to be applied.
6. For each of the 8 stimuli, assign a score of 0 if it is not perceived, 0.5 if it is substantially less than that perceived on the forehead or sternum, and 1 if it is perceived normally. A score of 3 out of 8 responses means that the presence of neuropathy is likely. A score of 3.5 to 5 means that the risk of new onset neuropathy in the next four years is high. A score of 5.5 or greater indicates that there is a low risk of neuropathy onset in the next four years

2013 CDA Clinical Practice Guidelines



CPG
Clinical Practice Guidelines

Nurses Using Best Practices Everywhere and Everyday

Basic foot care nurse competencies include; Having a thorough knowledge of foot care problems of the diabetic foot, knowing how to treat calluses and common nail disorders, assessing the client feet for sensation using disposable monofilament testing, checking blood flow, checking pedal pulses, wounds or infection, and provide referral as needed to other primary health care

Reducing Foot Complication for people with Diabetes, Revised (RNAO, 2007) provide best practice guidelines.

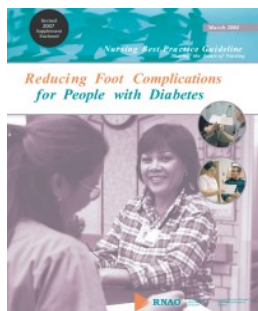
- Physical examination of the feet to assess risk factors for foot ulceration/ amputation should be performed by a health care professional.
- The examination should be performed at least annually in all people with diabetes over the age of 15 and at more frequent intervals for those at higher risk.
- The nurse should conduct a foot risk assessment for clients with known diabetes. This risk assessment includes the following:
 - History of previous foot ulcers
 - Sensation
 - Structural and biomechanical abnormalities and Circulation
 - Self-care behaviour and knowledge.
- Based on assessment of risk factors, clients should be classified as “lower” or “higher” risk for foot ulceration/ amputation.
- All people with diabetes should receive basic foot care education.
- Foot care education provided to all clients with diabetes and reinforced at least annually.
- Nurses in all practice settings should provide or reinforce basic foot care education, as appropriate.

Basic foot care education for people with diabetes should include the following six elements:

- Awareness of personal risk factors
- Importance of at least annual inspection of feet by a health care professional
- Daily self inspection of feet
- Proper nail and skin care
- Injury prevention and when to seek help or specialized referral
- Individuals assessed as being at "higher" risk for foot ulcer/amputation should be advised of their risk status and referred to their primary care provider for additional assessment or to specialized diabetes or foot care treatment and education teams as appropriate.

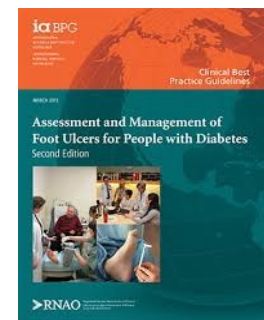
Final Words from Romy

Patients with diabetic complications such as nerve damage or neuropathy, may not be feel pain, even with injury, and this predisposes them to foot ulcers and infection.



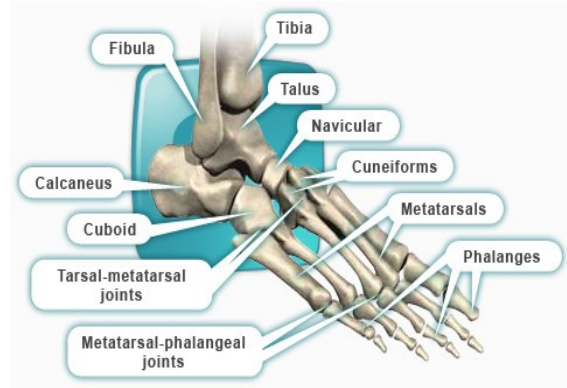
All nurses are well placed to monitor for risk and to provide or reinforce basic foot care education and treatment as appropriate.

For those who want to provide advanced foot care services there are many opportunities for developing skills and acquiring certifications at the postgraduate level.



Fun Foot Facts

- When walking, each time your heel lifts off the ground it forces the toes to carry one half of your body weight.
- In a pair of feet there are 250,000 sweat glands
- Butterflies taste with their feet
- Shoe sizes were devised in England by King Edward II who declared in 1324 that the diameter of one barely of corn—a third of an inch—would present one full shoe size
- 9 out of 10 women buy shoes that are too small
- Walking is the best exercise for your feet
- A quarter of all the body's bones are in the feet

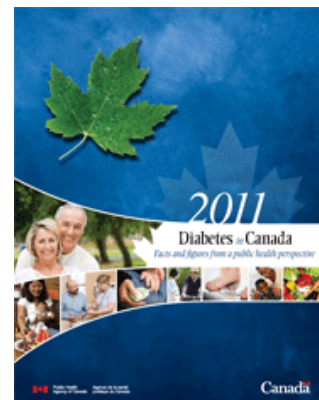


From: www.foot.com/site/professional/foot-facts

And More Sobering Statistics

In 2008/09, Canadian adults with diagnosed diabetes were almost 20 times more likely to be hospitalized with non-traumatic lower limb amputations than their counterparts without diabetes.

Non-healing ulcers and deep-seated (bone) infections are the most common reasons for amputation.



RNAO Wound Care Institute - Notes from the Field

I had the privilege of attending the recent RNAO Wound Care institute in Niagara Falls. As a Nurse Educator in primary care, I found this to be an invaluable week of learning. One entire day was spent with Ann-Marie McLaren, a Chiroprapist from Toronto's St. Michael's Hospital Interdisciplinary Wound Care team. Anne-Marie specializes in the high risk foot, limb salvage, and advanced wound care.

So - just to share a few of the pearls I learned:

Patients with sensory loss have a seven fold risk of developing an ulcer- hence the critical importance of assessment for neuropathy

Pedal pulses should be part of vascular assessment; also- pallor on leg elevation and rubour with leg dependency spells trouble

The BIG THREE in A DIABETIC FOOT EMERGENCY:

- Pain in a neuropathic foot
- Erratic glucose control
- Flu-like symptoms

The Big Three—
Your patient is at
risk for limb loss

Off-loading is critical to healing of a foot ulcer

If an ulcer is not healing quickly get specialized help.

Check out the RNAO Best Practice Guideline-Assessment and Management of Foot Ulcers for People with Diabetes- 2nd edition

Vicki Bassett is a primary care Nurse Educator at the Ottawa Hospital Academic Family Health Team

Next Issue—Update on Medications

Watch for our next issue coming in early summer.

Included will be what's new in diabetes medications and a discussion on RNAO's position on nurse prescribing.

Send us your thoughts. This is your newsletter.



Keeping up with the medications—a challenge for everyone

Conference Funding Application

Name: _____

Address: _____

Email: _____

Phone: _____

RNAO membership # _____

DNIG Membership duration _____

Employment status: FT PT

Employer _____

Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation.

***NOTE: All receipts are to be submitted to DNIG no later than 1 month following conference completion.**

Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.

Be sure to:

Describe your professional objectives for attending the conference.

Describe your involvement (past/present) in your professional association/DNIG

Describe your employment status, location, role in diabetes nursing

Describe how you will share what you have learned with your nursing colleagues

Please supply one professional reference.

Name: _____ Phone number: _____

I certify that all information contained in this application is true and accurate.

Applicant signature _____ Date: _____

Please scan completed application and e-mail to **liher233@yahoo.com**

Faculty:

Pre-Conference Workshop:

Nancy M. Benn, RN, MN, CDE
Diabetes Nurse Educator
Diabetes Education & Management Centre
Hotel Dieu Hospital, Kingston

Ann MacDonald, BASc, RD, CDE
Diabetes Education & Management Centre
Hotel Dieu Hospital, Kingston

Conference:

Daniel Brouillard, MD, FRCP
Kingston

Amaka A. Eneh, MD
Resident, Queen's University
Department of Ophthalmology
Kingston

Robyn Houlden, MD, FRCP
Professor, Division of Endocrinology
Queen's University, Kingston

Marla Shapiro, MDCM, CCFP, MHSc, FRCP
FCFP, NCMP

Associate Professor, Department of Family
and Community Medicine,
University of Toronto

Provin Shukle, BSc (Hon), MD, FRCP(C)
Special Internal Medicine,
Ottawa

Terrence Teixeira, MSc, MPA, Athlete
International Olympic Academy
Toronto

Conference Info: Registration Fee(s)

Registration includes materials,
lunch & breaks

Registration - Health Professionals
April 9th Workshop
\$80 or \$65 if attending conference

April 10th Conference

\$250; after March 20th, \$300

Registration - Students (proof required)

April 10th Conference

\$60; after March 20th, \$80

Receipt will be in your name tag and will
not be reissued. No confirmation of
registration will be sent.

No refunds given after March 27th.
Cancellation Fee: \$50

In case of insufficient registration, we reserve
the right to cancel by March 27th.

A block of rooms have been reserved
until March 10th, at:

The Holiday Inn

1 Princess Street
Kingston, Ontario

Phone: 613-549-8400
1-800-465-4329

reservations@hikingstonwaterfront.com

Room Rate: \$130.00

When reserving, state that you are
attending the Options for Diabetes
conference.

Parking - \$10 per day, with parking slip
available when registering.

Sponsors:

Abbott Diabetes
Amgen
Animas
AstraZeneca
Bayer Diabetes Care
BD
Boehringer Ingelheim
GSK
Janssen
Lilly

Medigas
Medtronic

Merck

Novo Nordisk

Roche Diagnostics

Sanofi Aventis

Wayne Stevenhaagen

Wholesale Medical Network

Toronto area contact:

Joan Ferguson
416-239-0551

Kingston area contact:

Margaret Little
613-376-3207
Fax: 613-372-0800
hartwork@kingston.net

"We make a living by what we do but we
make a life by what we give."

Winston Churchill



DIABETES
A Centre for Learning

Presents:

16th Annual

**Diabetes Education
Conference
for Health Care
Professionals**

**Building Your Diabetes
Knowledge**

**Thursday, April 9th, 2015
Pre-Conference Workshop**

**Friday, April 10th, 2015
Conference**

**The Holiday Inn
1 Princess Street
5th Floor Ballroom
Kingston, Ontario
K7L 1A1**

Who should attend?

Health Care Professionals e.g. Nurses, Dietitians, Pharmacists, Social Workers, Chiropractors, Physicians ... interested in increasing their knowledge about diabetes. May be of particular interest for those preparing for their CDEs.

Why attend?

To take home current, reliable, useful information for immediate use in your daily practice.
Conference content is attendee-driven; evaluations are excellent.

Currently more than 9 million Canadians or 1 in 4 live with diabetes or prediabetes & more than 20 people are diagnosed with the disease every hour.

RNs & RPNs can apply for reimbursement of registration through the Nursing Education Initiative. Call RNAO or RPNAO for information.

Payment Information,

Pre-Conference Workshop and/or for Conference

Detach Registration Form(s)

Make total cheque or money order payable to:

OPTIONS FOR DIABETES

Mail to: Options for Diabetes
c/o Margaret Little

1909 Hogan Road
RR#2, Perth Road, Ontario, K0H 2L0

Deadline for early registration:
March 20th.

Cancellation: No refunds after
March 27th.

A fee of \$50 will be retained
for all cancellations

In case of insufficient registration, we reserve the right to cancel by March 27th.

Thursday April 9th

Workshop: Carbohydrate Counting for Health Care Professionals

Contents: This interactive workshop will provide both knowledge and practical skills.

Case studies will assist the participants to learn:

- Basic to advanced CHO counting skills.
- A variety of teaching techniques.
- To use individualized teaching tools.
- To match insulin to carbohydrates.
- To apply this knowledge in their practice.

Presented by: Nancy Benn, RN, MN, CDE, &

Anne MacDonald, BA Sc, RD, CDE,
Hotel Dieu Hospital, Kingston

12:30 Registration, 5th floor Ballroom

1 - 5pm Workshop

Registration Limited to 50

Thursday Registration Form

To Register: print clearly, detach and mail

Name _____
Address _____
City/Prov _____
Postal Code _____
Phone or email _____
Profession _____

Registration deadline: March 20th.

Registration \$80, workshop only
Special \$65 if also registering for conference. To get the \$65 rate, Conference Registration must accompany Workshop Registration and Payment must accompany registration form(s).

Friday April 10th

Breakfast on your own

7:30 Registration

8:15 Introductions

8:30 Trials & Triathlon: An Athlete's

Transition to Living & Competing with Type 1 Diabetes

Terrence Teixeira

Sponsor: Animas

9:30 Break and view exhibits

10:00 Type 2 Diabetes: Where does Insulin fit in?

Dr. Daniel Brouillard

11:00 Conquering Challenges in

Osteoporosis Management and Treatment - A Case-based

Discussion of Patients at High Risk for Fracture

Dr. Marla Shapiro

Sponsor: Amgen

12:00 Lunch and view exhibits

1:00 Diabetes and the Eye

Dr. Amaka A. Eneh

2:00 The Right Patient, The Right Fit:

The Role of SGLT2 Inhibitors in T2DM.

Dr. Robyn Houlden

Sponsor: AstraZeneca

3:00 Break and view exhibits

3:30 Diabetes Patients and Drug

Interactions: Going Uphill Both Ways

Dr. Pravin Shukle

MD, FRCP (C)

Sponsor: Merck

Registration Limited to 150

Friday Conference Registration

To Register: print clearly detach & mail

Name _____
Address _____
City/Prov _____
Postal Code _____
Phone or email _____
Profession _____

Registration includes materials, lunch & breaks

Registration - Health Professionals

April 10th \$250; after March 20th, \$300

Registration - Students (proof required)

April 10th \$60; after March 20th, \$80

Payment must

accompany registration form.

Please make cheque or money order payable to:

OPTIONS FOR DIABETES

Mail to: Options for Diabetes
c/o Margaret Little

1909 Hogan Road

RR#2, Perth Road, Ontario, K0H 2L0

If registering for both pre-conference workshop & conference, complete & mail both forms. Only one cheque/money order for total amount needed.