

Introduction to **Diabetes Self Management Education**

You can live well with diabetes but it requires effective self-management of the disease. This class will introduce the need for diabetes self-management as well as understanding the prevalence, risk, complications, and prevention of diabetes. Individuals with diabetes make and act on choices that affect their health on a regular and recurring basis. Each month this class will include a special topic related to diabetes management, e.g. Reading Food Labels, Foot Care and Physical Activity. This class is an introduction to the Park Plaza Hospital's DSME (Diabetes Self Management Education) program. Individuals interested in attending the comprehensive fee based program may request additional information.

Park Plaza Hospital's staff consists of registered nurses and a dietician. They will share their expertise in leading this class.

\$\$ FREE of a course fee (Your parking ticket will be validated if you park in the 1200 Binz Street Parking Garage. Entrance to the garage is on Ewing Street.) Located in the Museum District: San Jacinto/Binz

T6190A	Sat	10:00am-11:00am	May 15, 2010
T6190B	Mon	7:30 pm-8:30 pm	May 24, 2010
T6190C	Sat	2:00 pm -3:00 pm	June 05, 2010
T6190D	Mon	7:30 pm-8:30 pm	June 28, 2010
T6190E	Sat	10:00 am-11:00am	July 10, 2010
T6190F	Mon	7:30 pm-8:30 pm	July 26, 2010



LLU Class Registration Form – Please complete in full

How should we send your confirmation? E-mail or US Mail

(1st Person) First Name: _____ Middle: _____ Last: _____

Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____

The above address is Home Firm Firm Name: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

E-mail: (please print clearly) _____ Please mail me future schedules

(2nd Person) First Name: _____ Middle: _____ Last: _____

Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____

The above address is Home Firm Firm Name: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

E-mail: (please print clearly) _____ Please mail me future schedules

Circle Which Student	Course # and Letter	Class Start Date	Class Price	Course Fee Total
1 st 2 nd				
1 st 2 nd				
1 st 2 nd				
1 st 2 nd				
1 st 2 nd				

(Do not include materials fees) Class Total \$ _____
 Total Paid \$ _____

I have read and accept the credit, transfer, and refund policies listed above.

Please Sign: _____

Payment Information

Check/Money Order #: _____ LLU Credit Amt: \$ _____

Drivers License #: _____ State: _____

Payor Name: _____

Is a firm making the payment? Yes No

VISA MasterCard Discover Cash

Card #: _____

Exp. Date: _____ / _____

Card Verification # (last 3 digits of # on back of credit card): _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ Zip: _____

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