

Certificate Order Form

Replacement or additional certificates are available through the National Office. We cannot guarantee a match in the case of replacement or additional certificates.

Replacement Certificate (lost or damaged) _____ @ \$10.00 Each \$ _____
Additional Certificate(s) for Display in facility _____ @ \$20.00 Each \$ _____
Revised* Certificate (name/sponsor change, etc) _____ @ \$20.00 Each \$ _____
Total Number of certificates ordered _____
Total amount enclosed: _____ \$ _____

(Make check or money order payable to ADA Education Recognition Program. Credit cards are not accepted for certificate orders.)

***A change of information form must be completed for a Revised certificate.**

Only the coordinator may order certificates and certificates will be mailed only to the coordinator.

Program ID Number _____

Coordinator's Name _____

Title _____ *Phone Number (____)* _____

PLEASE INDICATE HOW THE CERTIFICATE SHOULD READ:

Site Name _____

Sponsorship Name _____

Mailing Address _____

City _____ *State* _____ *Zip Code* _____

**If revised please indicate effective date:* _____

Mail to:
American Diabetes Association
ATTN: Education Recognition Program
1701 North Beauregard Street
Alexandria, VA 22311
