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≪Change of Address Form≫

Old

Name		Registration number	
Affiliation			
Business address	Zip:		
	Tel	Fax	Email
Home address	Zip:		
	Tel	Fax	Email
License	Please encircle those applicable to you, or provide a specific description. ・Certified Nurse：1. Diabetes Nursing　2. Others (　　) ・Certified Nurse Specialist：1. Chronic Care Nursing　2. Others (　　) ・Certified Diabetes Educator of Japan ・Certified Diabetologist of Japan		

New

Changed items	□ Destination address　□ Name　□ Affiliation　□ Business address　□ Home address		
Destination address	Please select one. □ Business address　□ Home address		
Name			
Affiliation	Position:		
Business address	Zip:		
	Tel	Fax	Email
Home address	Zip:		
	Tel	Fax	Email
License	Please encircle those applicable to you, or provide a specific description. ・Certified Nurse：1. Diabetes Nursing　2. Others (　　) ・Certified Nurse Specialist：1. Chronic Care Nursing　2. Others (　　) ・Certified Diabetes Educator of Japan ・Certified Diabetologist of Japan		