



# CASSETTE ORDER FORM

AMA-APPROVED FOR CME



**AMERICAN DIABETES  
ASSOCIATION, INC.**

THIRTIETH POST GRADUATE COURSE  
APPROVED FOR CONTINUING MEDICAL EDUCATION  
1983

PROGRAM	CASSETTE #	PRICE	QUANTITY	TOTAL
<b>DIABETES IN REVIEW — CLINICAL CONFERENCE</b> COMPLETE PROGRAM IN GRAINED EXECUTIVE FITTED ALBUM 10 cassettes — 12½ CME hours	83-100	\$99.95	_____	_____
<b>ETIOLOGY AND PATHOPHYSIOLOGY — 2 cassettes</b>	83-101	18.00	_____	_____
if purchased individually				
<b>Classification, Etiology &amp; Pathogenesis/Insulin Secretion</b>	83-01	10.00	_____	_____
<b>Insulin Action &amp; Insulin Resistance/Immunologic Aspects of Diabetes</b>	83-02	10.00	_____	_____
<b>THERAPY OF DIABETES — 2 cassettes</b>	83-102	18.00	_____	_____
if purchased individually				
<b>Practical Use of Insulin &amp; Oral Agents in Treatment/Diet Therapy</b>	83-03	10.00	_____	_____
<b>Treatment of Diabetes in Childhood</b>	83-04	10.00	_____	_____
<b>SPECIAL PROBLEMS IN DIABETES — 4 cassettes</b>	83-103	36.00	_____	_____
if purchased individually				
<b>Lipids &amp; Lipoproteins/Diabetic Ketoacidosis</b>	83-05	10.00	_____	_____
<b>Control &amp; Complications/Care of the Diabetic Foot</b>	83-06	10.00	_____	_____
<b>Hypertension, Cardiovascular Disease &amp; Diabetes Mellitus/Sexual Dysfunction</b>	83-07	10.00	_____	_____
<b>Behavioral &amp; Psychosocial Issues</b>	83-08	10.00	_____	_____
<b>NEW FRONTIERS IN DIABETES — 2 cassettes</b>	83-104	18.00	_____	_____
if purchased separately				
<b>Insulin Delivery Systems/New Insulin Preparations</b>	83-09	10.00	_____	_____
<b>Genetic Counseling/Islet &amp; Pancreas Transplantation</b>	83-10	10.00	_____	_____

**TOTAL ORDER**

Sales Tax — 6% Pa. residents only  
POSTAGE & HANDLING — mail order only

**TOTAL REMITTANCE**

**\$ 3.00**

Mail your order to: **SBS/Scott Broadcast Services, Inc.**  
Hemlock Farms, Box 1001  
Hawley, PA 18428

**SPEED ORDER: Credit Card Charges may call toll free: 800-233-8257**  
in PA: 717-775-7331

Check enclosed (payable to SBS)

Charge to my  Bank Americard/VISA  Master Card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

