Are you worried about this?

Take Charge of Your Diabetes

We want to hear from you! Please let us know of any comments or suggestions you may have:

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Cathy Rogers, Suwannee County FCS Agent
Jenny Jump, Columbia County FCS Agent

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2011 Take Charge of Your Diabetes (TCYD)

The Columbia County & Suwannee County Extension Offices are partnering to offer you the most up to date, research-based training on diabetes.

We will be offering a 9-part series for participants who:

⇒ have been diagnosed with type 2 diabetes,
⇒ and are above the age of 21.

Participants are expected to attend all three health screenings and at least seven of the nine educational classes. This is in order to make it the best bang for your buck...which is $75 (less than 2 weeks worth of take out).

**Benefit To You:**
For $75, you receive 3 health screenings, 9 educational sessions*, and a 60-minute individual nutrition consultation with a registered dietitian (RD). (Participants are encouraged to bring a support person to the educational sessions at no extra cost.)

* Educational Sessions will include the following topics: What is Diabetes?, Keeping Track of Blood Glucose, Diabetes Medications, Nutritional Management of Diabetes, Carbohydrate Counting, Exercise and Physical Activity, Standards of Medical Care, Cardiovascular Disease, Foot Care, and Setting Goals.

**For More Information:**
Please contact either Cathy Rogers (Suwannee County)/386-362-2771 OR Jenny Jump (Columbia County)/386-752-5384.

We will also soon be offering preventative education classes as well. So if your family has a history of diabetes, please contact us and we will be more than happy to offer you the latest in research and practices for prevention!

Class size is limited to the first 20 registrants. So, act now!

(please complete registration form below, enclose $75 fee, and mail both to the Extension Office.)

___ Yes, I meet all the requirements of the TCYD program and would like to register to participate.

___ No, I am not interested in attending at this time, but would like to be placed on the mailing list for future programs. (please include comments or suggestions on the back of this registration form.)

Name: ____________________________
Mailing Address: _____________________
_______________________________
City:_________________ Zip:__________
Phone: ____________________________
Email: _____________________________

Payment Type (check one):
Please DO NOT SEND CASH BY MAIL.

___ Check (Please include check number: _____________.)

___ Money Order

Do you plan to bring a support person to the classes? ___ Yes    ___ No    ___Not Sure