



11th Legislation and Public Policy Day
Dietetic Interns and Students in Dietetic Programs
Undergrads and Graduate Students

Tuesday, October 2, 2018 - 8:30 am – 4:00 pm

Vern Riffe Building - Studio Two - 77 S. High Street - Columbus

Agenda

8:30 am - 9:00 am	Registration -- coffee and bagels
9:00 am – 10:15 am	Legislative process in Ohio Current state legislative issues and regulatory issues affecting dietetics How to talk to your legislator/aide
10:30 am -12:00 pm	Panel Presentations – Dietitians representing Policy-related programs/issues
12:00 pm – 2:00 pm	Pickup Box lunch (eat before or after meeting with legislators)
2:00 pm – 3:30 pm	Results of legislator meetings Federal Legislative Issues and Action Alerts. Licensure Q & A
3:30 pm – 4:00 pm	ANDPAC and OANDPAC Evaluations and Homework

Objectives:

At the close of the session, the intern/student will have:

1. Current information regarding legislative issues at the State and Federal level.
2. Increased awareness of the importance of being an advocate for issues affecting dietetics and nutrition and contacting legislators to discuss the issues...
3. Information on licensure for dietitians in Ohio

**Note: Registration
deadline September 17th.**



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Registration Form

Name of program _____
Indicate type of program (intern, undergraduate, graduate, DT)

Contact person: Name _____
Title _____
Telephone _____
E-mail _____

Please list the names of each person who will attend as it should appear on their nametag:

1. Name _____	11. Name _____
2. Name _____	12. Name _____
3. Name _____	13. Name _____
4. Name _____	14. Name _____
5. Name _____	15. Name _____
6. Name _____	16. Name _____
7. Name _____	17. Name _____
8. Name _____	18. Name _____
9. Name _____	19. Name _____
10. Name _____	20. Name _____

Workshop fee (includes lunch)

Payment deadline – September 17

Total Number of participants _____ @ \$30 per person = \$ _____

☐ Registration fee enclosed (Make checks payable to OAND) ☐ Charge \$ _____ to ☐ VISA ☐ MasterCard

Card # _____ V Code _____ Expiration Date _____

Credit card billing address (include zip) _____

Signature _____

Return payment and this form to:
Ohio Academy of Nutrition and Dietetics
PO Box 303
Lewis Center, Ohio 43035
Phone (614) 436-6131; Fax (614) 436-6181
Email jeannine@eatrightohio.org