



12th Legislation and Advocacy Day
Dietetic Interns and Students in Dietetic Programs
Undergrads and Graduate Students

Wednesday, October 9, 2019 - 8:30 am - 4:00 pm

Vern Riffe Building - Studio One - 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 20th.**



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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)	<u>Payment deadline – September 20</u>
Total Number of participants _____ @ \$35 per person = \$ _____	
<input type="checkbox"/> Registration fee enclosed (Make checks payable to OAND) <input type="checkbox"/> Charge \$ _____ to <input type="checkbox"/> VISA <input type="checkbox"/> 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