

**DIABETES CENTER RECHARGE AUTHORIZATION  
FORM**

**DIABETES RETREAT  
Marconi Conference Center  
OCTOBER 17-18, 2007**

Please complete this form by **September 15, 2007**.

You can mail or fax it.

Hy Le

513 Parnassus Ave. HSW 1090, Box 0534

San Francisco, CA 94143-0534

OR

ATTN: Hy Le

FAX#: 415/731-3612

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mailbox: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Funding agency: \_\_\_\_\_

Grant number: \_\_\_\_\_

Account to be used for recharge: \_\_\_\_\_  
DPA Fund FY Program code

Project end date: \_\_\_\_\_

Project title to be recharged: \_\_\_\_\_

**Authorized name for recharge (print):** \_\_\_\_\_

**Authorized signature for recharge:** \_\_\_\_\_

Date signed: \_\_\_\_\_