

Heartland Association of Diabetes Educators Income Tracking Form (ITF)

Today's date: _____

Name: _____ Email: _____

Check which Category applies:

Membership Dues Annual Meeting General Meeting Vendor Support
 Other Income (describe) _____

Income Category:

Membership:

National Member Affiliate: _____ Per \$ _____ = Total amt. \$ _____

Local Member: _____ Per \$ _____ = Total amt. \$ _____

SUMMARY/ TOTAL MEMEBERSHIP AMOUNT TOTAL \$ _____

Annual Conference Registration

HADE Member Registrations: _____ Per \$ _____ = Total amt. \$ _____

Non-Member Registrations: _____ Per \$ _____ Total amt. \$ _____

Other Registrations: _____ Per \$ _____ Total amt. \$ _____

SUMMARY/ TOTAL REGISTRATION AMOUNT TOTAL \$ _____

Vendor Support

Vendor	Amount	Designation of Funding ie. annual conference/vendor display, speaker sponsor, General Meeting/teleconference sponsor
Total		

Other Income:

Source _____

Amount: \$ _____

Please submit checks with this form and send to Treasurer