DREAMFIELDS DFF
Diabetes Friends Forever

1.) Tell us about yourself...

FIRST NAME: _____

LAST NAME: _____

EMAIL: _____

CITY: _____

STATE: _____

PHONE NUMBER: _____

CHECK APPLICABLE BOX:

- ☐ *I have diabetes.*
- ☐ *Someone in my family or a friend has diabetes.*

2.) Tell us about your DFF...

DFF's FULL NAME: _____

DFF's EMAIL ADDRESS: _____

ORGANIZATION/EMPLOYER: _____

RELATIONSHIP:

☐ *Dietitian*	☐ *Nurse*	☐ *Caregiver*	☐ *Nutritionist*
☐ *Diabetes Educator*	☐ *Family*	☐ *Pharmacist*	☐ *Teacher*
☐ *Physician*	☐ *Friend*	☐ *Counselor*	☐ *Other*

3.) Tell us your Diabetes Friend Forever Story...

In 250 words or less, tell us your story about how a Diabetes Friend Forever, or DFF, used compassion and creativity to help you (or a loved one) understand, manage and live with diabetes.

Mail entry to:

DREAMFIELDS® Diabetes Friends Forever (DFF) Essay Contest
P.O. Box 3305, Chicago, IL 60654.

Entries sent via the U.S. Postal Service must be postmarked by midnight April 30, 2010, and received no later than May 5, 2010.