Contemporary Management of Type 2 Diabetes

Dear Medical Colleague,

On behalf of the Medical Affairs Division of Sanofi U.S., I would like to invite you to participate in the **Contemporary Management of Type 2 Diabetes** program which will take place on **Tuesday, May 21, 2013.**

This program is designed to enhance knowledge of the disease state and provide a forum for discussion. We are seeking local health care professionals who would like to increase their understanding of this disease state and ultimately improve patient care. This is not a CME Program. Below are the details of this meeting:

Title:	**Contemporary Management of Type 2 Diabetes**
Venue:	**Mancy's Steak House** **953 Phillips Avenue** **Toledo, OH 43612** **419.476.4154**
Date:	**Tuesday, May 21, 2013**
Time:	**6:30 PM Registration & Dinner**

To register for this program, visit **encompassmeetings.com** and click on the "**register**" icon. Your program code is **5685**. You may also complete the attached registration form and fax it to 919.829.1091 or you may register by calling 877.637.4341 or 919.829.1092.   **Please respond at your earliest convenience to assure your participation.** To secure your space you must register by **Friday, May 17, 2013.**

Pursuant to industry guidelines and company policy, Sanofi U.S. is unable to pay for any non-healthcare guest meals. Guests will not be permitted to attend any meal functions or any part of the meeting. We sincerely appreciate your understanding and compliance.

If you need any additional information regarding this meeting or the meeting logistics, please feel free to contact Encompass Meetings between 8:30 AM and 5:30 PM ET at 877.637.4341 or 919.829.1092.

Thank you for your interest and I look forward to your participation.

Sincerely,

Fayaz Hirji

Fayaz Hirji, PharmD, BCPS
Regional Medical Liaison
Sanofi – U.S. Medical Affairs

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Contemporary Management of Type 2 Diabetes

Program Date and Time:
- This program is scheduled to take place on **Tuesday, May 21, 2013**.
- The presentation will begin promptly at **6:30 PM**.

Program Reservations:
- To attend this program, please register by **Friday, May 17, 2013.**
- There are several ways to register for this program:
  - Visit **encompassmeetings.com** and click on the "register" icon. Your program code is **5685**.
  - Complete the registration form and fax it to **919.829.1091**.
  - You may register by dialing **877.637.4341 or 919.829.1092**.

Program Location:
- This program will take place at:
  Mancy's Steak House
  953 Phillips Avenue
  Toledo, OH 43612
  419.476.4154
- MapQuest (www.mapquest.com) can assist you in providing directions to the restaurant from your specific location.

Arrivals and Departures:
- Please plan to arrive at the restaurant no later than 15 minutes prior to the start of the program.

Parking:
- Complimentary self parking is available at Mancy's Steak House.

Attire:
- Business casual or casual attire is appropriate.

Attendee Expenses:
- All pre-arranged group meals are included.
- Attendees are responsible for their own expenses.

*Program Confirmations and Reminders:
- A program confirmation will be sent to you via email or fax. Please be sure to include this information when registering for the program.
- A program reminder will be sent to you 2 days prior to the event.

Cancellations:
- If you are unable to attend the program and have previously registered for it, please contact Encompass Meetings immediately at **877.637.4341** between 8:30 AM and 5:30 PM ET.

Questions:
- Contact Encompass Meetings at **877.637.4341 or 919.829.1092** from 8:30 AM to 5:30 PM ET.

Your email address is kept in the strictest of confidence. Your email address is never sold or used for anything other than the purpose of communicating with you regarding this program.

Contemporary Management of Type 2 Diabetes

Tuesday, May 21, 2013 • Mancy's Steak House • Toledo, OH

☐ **I Will Attend the Meeting**   ☐ **Sorry, I Cannot Attend the Meeting**

Complete the information below and fax this form to 919.829.1091 **by Friday, May 17, 2013**

Full Name _____   Title _____

Degree(s) _____ Specialty_____   Sub-Specialty _____
(if applicable)

Institution _____

Address 1 _____

Address 2 _____

City _____   State _____   Zip _____

Mailing Address _____
(if different from above)

_____

Administrative Assistant _____   Your E-mail Address _____

Phone # _____   Fax # _____

i-Code: 5685