

REGISTRATION FORM

18th Annual Allergy & Asthma Conference

Friday, March 18, 2016
Marriott Minneapolis West Hotel

Sign up for:	Registration Deadline	Price
	<i>Before or on 03/01/16</i>	\$185.00
	After 03/01/16	\$200.00

First Name

Last Name

Title: (RN, NP, PharmD, RT, PA, LPN, other-specify)

License/ certification #

Street Address

City

State

Zip

Phone

E-mail

Method of Payment

Check **Please make checks payable to: Clinical Research Institute, Inc.**

Credit Card (**MasterCard or VISA ONLY** please)

Credit Card #

Exp. Date

SVV #

Name on the card: (if different from above)

Card billing address: (if different from above)

Street Address

City

State

Zip

Signature

❖ **CANCELLATIONS MUST BE RECEIVED BEFORE MARCH 8, 2016 TO RECEIVE A REFUND MINUS A \$25 PROCESSING FEE.**

Course fee includes breakfast, refreshments, lunch.

Please bring a light jacket or sweater as meeting room temperature may be cool.

Allergy & Asthma Specialists, P.A.
Clinical Research Institute, Inc.
825 Nicollet Mall, Suite 1135 • Minneapolis, MN 55402
Phone: 612-333-2200 • Fax: 612-349-6478
Email: CRI@CRIminnesota.com

Limited number of rooms available at the Marriott Minneapolis West for conference attendees.

Please call hotel at 952-544-4400 for availability and details (special rate - \$129.00).

Mention the 18th Annual Allergy & Asthma Conference when calling.