

# REGISTRATION FORM

## 18<sup>th</sup> 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
	<b>After 03/01/16</b>	<b>\$200.00</b>

\_\_\_\_\_  
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)

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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.***

***Printed handouts will NOT be provided. Upon request, handouts can be e-mailed for downloading and printing by participants prior to the conference. All participants will receive a flash drive containing conference handouts upon checking in at registration.***

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

**Allergy & Asthma Specialists, P.A.  
Clinical Research Institute, Inc.  
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Phone: 612-333-2200 • Fax: 612-349-6478  
Email: [CRI@CRIminnesota.com](mailto: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 18<sup>th</sup> Annual Allergy & Asthma Conference when calling.*