

REGISTRATION FORM

20th Annual Allergy & Asthma Conference

Friday, March 16, 2018
Marriott Minneapolis West Hotel

Registration Deadline

Before or on 03/02/18

After 03/02/18

Price

\$210.00

\$240.00

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 12, 2018* 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/sweater as the 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 - \$139.00).
Mention the 20th Annual Allergy & Asthma Conference when calling.*