

REGISTRATION FORM
14th Annual Allergy & Asthma Conference
Friday, March 16, 2012
Marriott Minneapolis West Hotel

Registration Deadline	Price
Before 03/01/12	\$160.00
On & After 03/01/12	\$180.00

Last Name

First Name

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

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

Card billing address (*if different from above*)

City

State

Zip

Signature

✦ **Cancellations must be received no less than 10 days prior to the event to receive a refund minus a \$20 processing fee.**

Course fee includes breakfast, refreshments, lunch, and course materials.

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