

REGISTRATION FORM
12th Annual Allergy & Asthma Conference
Friday, March 19, 2010
Marriott Minneapolis West Hotel

Registration Deadline Price

By 03/01/10 \$140.00

After 03/01/10 \$160.00

Last Name First Name

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

License/certification #

Street Address

City State Zip

Phone Email

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.

Conference information and registration form also available at:
www.CRIminnesota.com and www.allergy-asthma-docs.com

Email: CRI@CRIminnesota.com

Phone: 612-333-2200 • Fax: 612-349-6478