

**Screening Program  
Coordinator Registration  
ACAAI Nationwide Asthma  
Screening Program**

**To be a 2009 coordinator, you must return  
this form by March 15.**

I am an ACAAI-member allergist and would like to coordinate an asthma screening program in my community. I will submit a date and location for my screening by April 30.

Coordinating Allergist \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone (\_\_\_\_\_) \_\_\_\_\_

Office fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Note:** Although multiple allergists may participate, a single ACAAI member must be designated as the official coordinator for each screening.

**Fax your completed form to: (312) 558-5425**