

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

**To be a 2007 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