

# Meeting Registration

ACAAI Annual Meeting • Miami Beach, Florida, Nov. 6-10, 2009

**REGISTER ONLINE at [www.acaai.org](http://www.acaai.org)**

Please type or print your name – and that of your spouse or guest(s) **if attending** – exactly as you wish it to appear on the badge.

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I am a(n):


- MD  DO  PhD  RN  Other \_\_\_\_\_  Physician Assistant (PA)  
 ACAAI Member/Fellow  Fellow-in-Training Member  
 Non-Member  Fellow-in-Training Non-Member  
 Speaker  Media Representative

Primary Specialty \_\_\_\_\_

**REGISTRATION FEES:** Your registration fee includes the Plenary, Symposia, Concurrent Sessions, Past Presidents' Breakfast and various social events. It does not include the optional "Meet the Professor" continental breakfasts, workshops and courses which require separate registration fees.

## Registration Fees

	<u>Through Sept. 14</u>	<u>Sept. 15-Oct. 12</u>	<u>After Oct. 12</u>	<u>Amount Due</u>
<input type="checkbox"/> ACAAI Member	\$275 (FITs: \$0)	\$325 (FITs: \$50)	\$475 (FITs: \$75)	\$ _____
<input type="checkbox"/> Non-Member	\$465 (FITs: \$0)	\$515 (FITs: \$50)	\$665 (FITs: \$75)	\$ _____
Contribution to ACAAI Foundation (Optional) <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____				\$ _____

  Check here if you are disabled and require special services. Please attach a written description of your needs.

**Residents and Fellows-in-Training** – *No charge THROUGH SEPT. 14 if registration is accompanied by letter from registrant's program director. Optional courses and workshops not included. Do you plan to attend the special Fellows-in-Training breakfast (complimentary) with allergy training directors, Saturday, Nov. 8? Yes \_\_\_\_\_ No \_\_\_\_\_* \$ \_\_\_\_\_

**FIT Spouses & Media Representatives** – No Charge

**Dues Paying Alliance Members** – \$40 \$ \_\_\_\_\_

**Spouse/Guest/Children over age 12**, admission to exhibits/social events – \$95 each \$ \_\_\_\_\_

Please specify name(s), of spouse/guest(s) attending: \_\_\_\_\_

Please specify name of Alliance Member attending: \_\_\_\_\_

**Children's Registration Fee (per family)** – \$25 \$ \_\_\_\_\_

**Sunday, Nov. 8 Fundraising Dinner:** # of Tickets \_\_\_\_\_ @ \$200 ea. (Physician Tables: \$1,800) \$ \_\_\_\_\_

**Corporate Tables:** # of Tables \_\_\_\_\_ @ \$10,000 ea. \$ \_\_\_\_\_

– over –

Total of this page \$ \_\_\_\_\_

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## Optional Workshops and "Meet the Professor" Continental Breakfasts

(See pages 19-21 for workshop descriptions and page 18 for "MTP" breakfast descriptions.)

			1st Choice	2nd Choice	3rd Choice	FEE
<b>Friday, Nov 6</b>	7:45 am - 3:45 pm	Literature Review AM ___ PM ___ (\$70/FITS: \$35)			Both (\$140/FITS \$70)	_____
	8:00 am - 3:00 pm	W-1 (FITS: \$50)				\$100 _____
	8:00 am - 4:45 pm	Adv Prac Healthcare Providers Crse				See Form "E"
	3:30 pm - 5:30 pm	W-2, W-3 (FITS: \$10)				\$ 60 _____
<b>Saturday, Nov 7</b>	3:30 pm - 5:30 pm	W-4, W-5, W-6, W-7, W-8, W-9, W-11 (FITS: \$10)				\$ 60 _____
	3:30 pm - 5:30 pm	W-10				\$ 0 _____
<b>Sunday, Nov 8</b>	6:30 am - 8:30 am	*W-12 (FITS: \$60)				\$ 80 _____
	7:00 am - 8:15 am	MTP Breakfasts (S-1 – S-10)				\$ 30 _____
	8:00 am - 9:30 am	W-13				\$ 0 _____
	10:00 am - 11:30 am	W-14 (FITS: \$10)				\$ 60 _____
	11:00 am - 2:30 pm	Alliance Business Meeting (Alliance Members only)				\$ 15 _____
	12:00 pm - 3:00 pm	Doctors Job Fair				\$215 _____
	1:00 pm - 3:00 pm	W-15 (FITS: \$10)				\$ 60 _____
	1:00 pm - 6:00 pm	Asthma Educators Course				See Form "E"
	3:30 pm - 5:30 pm	W-16, W-17, W-18, W-19, W-20 W-21, W-22 (FITS: \$10)				\$ 60 _____
<b>Monday, Nov 9</b>	7:00 am - 8:15 am	MTP Breakfasts (M-1 – M-10)				\$ 30 _____
	8:00 am - 9:30 am	W-23 (FITS: \$10)				\$ 60 _____
	10:00 am - 11:30 am	W-24 (FITS: \$10)				\$ 60 _____
	12:00 pm - 1:00 pm	Women in Allergy Luncheon				\$ 0 _____
	1:00 pm - 1:45 pm	W-25				\$ 0 _____
	2:00 pm - 2:45 pm	W-26				\$ 0 _____
	3:30 pm - 5:30 pm	W-27, W-28, W29, W30, W-31 (FITS: \$10)				\$ 60 _____
	3:30 pm - 5:30 pm	W-32				\$ 0 _____
<b>Tuesday, Nov 10</b>	3:30 pm - 5:30 pm	W-33 (FITS: \$10)				\$ 60 _____

\* Conflicts with "MTP" Breakfast

**Total of this Page (B)** \$ \_\_\_\_\_  
**Total from Previous Page (A)** \$ \_\_\_\_\_  
**Total Remittance (A & B)** \$ \_\_\_\_\_

Method of Payment: Check \$  Visa  Master Card  American Express

Credit Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name as it appears on Credit Card: \_\_\_\_\_

Please make check payable to ACAAI in U.S. funds only or credit card payment by Visa, Master Card or American Express. Non U.S. registrations can only be paid by credit card or U.S. Postal Money Order.  
**Send payment with completed registration form to: ACAAI, 85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005**

Reservations confirmed through Oct. 12.  
 Telephone: (847) 427-1200; FAX: (847) 427-1294  
 Cancellations must be received before Oct. 13, 2009 to qualify for a refund (minus \$75). No refunds \$5 or less.  
**"No shows" who have not pre-paid will be invoiced for applicable registration fees!**

**ALL REGISTRATIONS RECEIVED BY OCT. 12 WILL BE CONFIRMED IN WRITING.**