

**Screening Program
Date and Location
ACAAI Nationwide Asthma
Screening Program**

To receive a 2007 screening program manual and kit of materials, you must return this form by April 30.

**Note: Only submit confirmed dates and locations.
Tentative dates cannot be accepted.**

Please report any changes or cancellations immediately to the
Help Line at (312) 558-1175.

Coordinating Allergist: _____

Office contact: _____

Screening Program date(s): _____

Time (if available): _____

Screening Program location: _____

Place: _____

Address: _____

City: _____

Please note one of the following for the posting of your screening on the ACAAI's Web site:

- This screening is open to the public and should be listed on the ACAAI's Web site at www.acaaai.org.
- This screening is for a select group and it should not be listed on the ACAAI's Web site.

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