



ACAAI Annual Meeting Registration

Anaheim, CA • November 9-13, 2023

First Name: _____ Last Name: _____ Degree: _____

NPI # (U.S. Only): _____ State License # & State: _____ Nurse License # & State: _____

Office Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Office Phone: _____ Fax: _____

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

Registration Fees	Through Sept. 11	Sept. 12 – Oct. 16	After Oct. 16	Amount Due
ANNUAL MEETING • Friday, November 10 – Monday, November 13				

ACAAI MEMBERS

<input type="checkbox"/> Physician	\$495	\$545	\$645	\$ _____
<input type="checkbox"/> International Affiliate Member	\$395	\$425	\$525	\$ _____
<input type="checkbox"/> Fellow-in-Training <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$ 0	\$ 30	\$ 60	\$ _____
<input type="checkbox"/> Emeritus Member/Fellow	\$ 0	\$ 0	\$ 0	\$ _____
<input type="checkbox"/> Allied Health*	\$275	\$325	\$375	\$ _____

*Allied Health Registration also includes access to the Allied Health Professionals Course (Saturday) and the Advanced Practice Health Care Providers Course (Friday). Please indicate which you are attending.

- Allied Health Professionals Course (Saturday, Nov. 11)
- Advanced Practice Health Care Providers Course (Friday, Nov. 10)

NONMEMBERS

<input type="checkbox"/> Physician <input type="checkbox"/> Other (PhD, PharmD, CEO, etc.)	\$725	\$775	\$875	\$ _____
<input type="checkbox"/> Fellow-in-Training* <input type="checkbox"/> Resident* <input type="checkbox"/> Student**	\$225	\$250	\$275	\$ _____

*Letter from Program Director/Chief of Service required for nonmembers.

<input type="checkbox"/> Allied Staff* (Nurse, Office Administrator, etc.)	\$350	\$400	\$450	\$ _____
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**Allied Staff Registration also includes access to the Allied Health Professionals Course (Saturday) and the Advanced Practice Health Care Providers Course (Friday). Please indicate which you are attending.

- Allied Health Professionals Course (Saturday, Nov. 11)
- Advanced Practice Health Care Providers Course (Friday, Nov. 10)

GUESTS

<input type="checkbox"/> Alliance/Spouses only (no charge for FIT Spouse) Name: _____	\$100	\$ _____
<input type="checkbox"/> Alliance Luncheon, Sunday, November 12, 12:00 – 3:00 pm (Alliance/Spouses only)	\$ 40	\$ _____
<input type="checkbox"/> Guest(s) (Children over 12 must be registered)		

Name: _____ Name: _____ # of Guests _____ \$100 each \$ _____

PRACTICE MANAGEMENT PROGRAM • Friday, November 10

Included with paid physician and Allied Health/Allied Staff Annual Meeting registration.

TOTAL THIS PAGE: \$ _____

ACAAI Annual Meeting Registration

(2023 Continued)

OPTIONAL COURSES/SESSIONS/WORKSHOPS – Must be registered for the Annual Meeting:

Registration Fees	Through Sept. 11	Sept. 12 – Oct. 16	After Oct. 16	Amount Due
THURSDAY PROGRAM • New Frontiers in Mast Cell Disease and Anaphylaxis • Thursday, November 9				
<input type="checkbox"/> ACAAI Member	\$195	\$220	\$250	\$ _____
<input type="checkbox"/> Nonmember	\$195	\$220	\$250	\$ _____
<input type="checkbox"/> Fellow-in-Training/Resident/Student**	\$ 30	\$ 55	\$ 80	\$ _____
**Letter from Program Director/Chief of Service required for nonmembers.				
<input type="checkbox"/> Allied Health/Allied Staff	\$ 80	\$105	\$130	\$ _____

Friday, November 10				
8:00 am – 4:30 pm	Annual Literature Review			
	Through Sept. 11:	\$195 (FITs/Allied: \$100)		
	Sept. 12 – Oct. 16:	\$220 (FITs/Allied: \$125)		
	After Oct. 16:	\$250 (FITs/Allied: \$150)	\$ _____	
10:00 – 11:30 am	Hands-on Workshop: SQ Immunoglobulin Infusion	\$195 (FITs/Allied \$50)	\$ _____	
1:00 – 2:30 pm	Hands-on Workshop: Advanced Patch Testing and Interpretation	\$195 (FITs/Allied \$50)	\$ _____	
3:00 – 4:30 pm	Hands-on Workshop: Spirometry	\$195 (FITs/Allied \$50)	\$ _____	

Saturday, November 11				
11:30 am – 3:00 pm	Doctors' Job Fair Attendee (Job Fair Exhibitors: See Form D)	Complimentary	<input type="checkbox"/> Yes	
1:00 – 2:30 pm	Hands-on Workshop: The Nuts and Bolts of Patch Testing, Wet Wraps and Creams	\$195 (FITs/Allied \$50)	\$ _____	
3:00 – 4:30 pm	Hands-on Workshop: Making the Cut: Shave vs. Punch Skin Biopsies	\$195 (FITs/Allied \$50)	\$ _____	

Sunday, November 12				
11:30 am – 1:00 pm	Women in Allergy Luncheon (Women Physicians and Allied Health Staff only, please.)	Complimentary	<input type="checkbox"/> Yes	
3:00 – 4:30 pm	Hands-on Workshop: Performing a Rhinologygologic Exam	\$195 (FITs/Allied \$50)	\$ _____	

TOTAL THIS PAGE: \$ _____



ACAAI Annual Meeting Registration

(2023 Continued)

ASSUMPTION OF RISK AND WAIVER OF CLAIMS

By registering for this meeting:

- I plan to attend the 2023 ACAAI Annual Scientific Meeting (Annual Meeting) on November 9-13, 2023, at the Anaheim Convention Center and Hilton Anaheim Hotel (Venues).

I acknowledge that attending the Annual Meeting carries risk due to the contagious nature of the COVID-19 virus and the fact that the Annual Meeting will be held indoors with a large number of attendees. I have made the decision to attend the Annual Meeting in person with a full understanding of the inherent risks of such decision and agree as follows:

I am attending the Annual Meeting voluntarily, and at my own risk. I understand that by attending, I risk being exposed to and/or infected with COVID-19, or other diseases, as a result of my actions or those of other attendees or participants, including, without limitation, ACAAI's officers, directors, members, staff, agents, and representatives (collectively, "ACAAI") and the Venue's employees. I hereby release, for myself, my heirs, and my personal representatives, and do forever discharge, indemnify and hold harmless ACAAI and the Venues from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in the Annual Meeting, including, without limitation, any illness, damages, or injury resulting from my travel to and from, and attendance at, the Annual Meeting, participation in events related to the Annual Meeting, exposure to an infectious disease (including COVID-19), or the manner in which the Annual Meeting or its related events and activities are conducted (collectively, "Claims"), whether a condition giving rise to any Claim occurred before, during, or after I attended or participated in the Annual Meeting.

I will follow all required health and safety guidelines, protocols, policies, regulations, and mandates relating to my attendance at the Annual Meeting, including, but not limited to, Centers for Disease Control guidelines, statutes, regulations, and other mandates applicable to the locale of the Annual Meeting, as well as any additional requirements imposed by ACAAI or the Venues (regardless of whether federal, state, or local laws allow otherwise).

I will monitor my own health status and will not attend the Annual Meeting if I am symptomatic of COVID-19 in any way, or if I believe I have been exposed to someone with COVID-19.

I understand that I will not be allowed to attend the Annual Meeting unless I agree to be bound by the terms and conditions of this Assumption of Risk and Waiver of Claims form (Waiver) and that my failure to comply with required safety protocols or follow the direction of ACAAI staff on site may result in the loss of my right to attend or participate in the Annual Meeting, including forfeiture of any registration fees paid.

I hereby acknowledge that I have carefully read and understand this Waiver and agree to be bound by its terms and conditions.

- I hereby acknowledge and authorize (opt-in) to receive future correspondence from the ACAAI and its authorized agents related to the meeting.
- I hereby acknowledge and agree that ACAAI or its agents may take photographs of me during events and may freely use those photographs in any media for ACAAI's purposes, including but not limited to news and promotional purposes, without further compensation to me.

Contact Information Sharing (Required response) – Do you give your consent to share your contact information with our industry partners?

Yes No

In compliance with ACCME Standards for Integrity and Independence in Accredited Education, the ACAAI is required to seek your permission before sharing your contact information with any ACCME-defined ineligible companies. Your answer has no bearing on your ability to participate in the conference.

TOTAL PREVIOUS PAGE A: \$ _____

TOTAL PREVIOUS PAGE B: \$ _____

TOTAL REMITTANCE: \$ _____

Check (payable to ACAAI) Visa Master Card American Express

CC Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Send completed registration form along with payment to:

ACAAI, Attn: Meeting Registration
85 W. Algonquin Rd, Ste 550
Arlington Heights, IL 60005
Phone: (847) 427-1200
Email: meetings@acai.org

- Checks must be payable to ACAAI in U.S. funds only.
- Non-U.S. registrations: payable by credit card only.
- Cancel before Oct. 16, 2023 to qualify for a refund (less \$75 fee).
- No refunds on cancellations after Oct. 16.
- No refunds of less than \$5.