



ACAAI Annual Meeting Registration

New Orleans, LA • November 4-8, 2021

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. 13	Sept. 14 – Oct. 4	After Oct. 4	Amount Due
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ANNUAL MEETING • Friday, November 5 – Monday, November 8

ACAAI MEMBERS

<input type="checkbox"/> Physician	\$400	\$450	\$550	\$ _____
<input type="checkbox"/> International Affiliate Member	\$325	\$375	\$475	\$ _____
<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. 6)
- Advanced Practice Health Care Providers Course (Friday, Nov. 5)

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	\$ _____
<input type="checkbox"/> Allied Staff* (Nurse, Office Administrator, etc.)	\$350	\$400	\$450	\$ _____

*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. 6)
- Advanced Practice Health Care Providers Course (Friday, Nov. 5)

GUESTS

<input type="checkbox"/> Alliance Member/Spouse (no charge for FIT Spouse)	Name: _____	\$100	\$ _____
<input type="checkbox"/> Guest(s) (Children over 12 must be registered)	Name: _____ Name: _____ # of Guests _____	\$100 each	\$ _____

Registration Fees	Through Sept. 13	Sept. 14 – Oct. 4	After Oct. 4	Amount Due
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THURSDAY PROGRAM • Thursday, November 4

<input type="checkbox"/> ACAAI Member	\$ 50	\$ 75	\$100	\$ _____
<input type="checkbox"/> Nonmember	\$100	\$130	\$160	\$ _____
<input type="checkbox"/> Fellow-in-Training/Resident/Student**	\$ 50	\$ 75	\$100	\$ _____
<input type="checkbox"/> Allied Health/Allied Staff	\$ 50	\$ 75	\$100	\$ _____

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

PRACTICE MANAGEMENT PROGRAM • Friday, November 5

Separate registration fee for Practice Managers and other non-General Meeting Registrants	\$125	\$175	\$200	\$ _____
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Included with paid physician and Allied Health/Allied Staff Annual Meeting registration. Seating is limited.

ACAAI Annual Meeting Registration

(2021 Continued)

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

Friday, November 5				
8:00 am – 4:30 pm	Annual Literature Review	Member	Nonmember	
	Through Sept. 13:	\$ 50	\$100	
	Sept. 14 – Oct. 4:	\$ 75	\$125	
	After Oct 4:	\$100	\$150	\$ _____
Saturday, November 6				
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 Use of Case Simulation for the Education of Allergy Emergencies – Spotlight on Anaphylaxis		\$195 (FITs \$50)	\$ _____
1:00 – 2:30 pm	Hands-on: The Patch Testing Spectrum	\$195 (FITs/Allied \$50)		\$ _____
3:00 – 4:30 pm	Hands-on Workshop: The Use of Case Simulation for the Education of Allergy Emergencies – Spotlight on Anaphylaxis (Allied Staff Only)		\$ 50	\$ _____
3:00 – 4:30 pm	Hands-on: Punching Through Dermatitis Dilemmas	\$195 (FITs/Allied \$50)		\$ _____
Sunday, November 7				
11:30 am – 1:00 pm	Women in Allergy Luncheon (Women MD's Only, Please)	– PENDING –	Complimentary	<input type="checkbox"/> Yes
12:00 – 3:00 pm	Alliance Luncheon (Alliance Members/Spouses only)		\$ 30	\$ _____
TOTAL THIS PAGE:				\$ _____

ASSUMPTION OF RISK AND WAIVER OF CLAIMS

By registering for this meeting:

- I plan to attend the 2021 ACAAI Annual Scientific Meeting (Annual Meeting) on November 4-8, 2021, at the Ernest N. Morial Convention Center and Hilton New Orleans Riverside Hotel (Venues).

I acknowledge that attending the Annual Meeting during the ongoing pandemic 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 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,

ASSUMPTION OF RISK AND WAIVER OF CLAIMS (Continued)

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.

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@acaai.org

- Checks must be payable to ACAAI in U.S. funds only.
- Non-U.S. registrations: payable by credit card only.
- Cancel before Oct. 4, 2021 to qualify for a refund (less \$75 fee).
- No refunds on cancellations after Oct. 4.
- No refunds of less than \$5.