



Screening Program Location Registration

ACAAI Nationwide Asthma Screening Program

Electronic toolkits with patient education materials are accessible via email after you submit your confirmed dates.

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

Coordinating allergist: _____

Office contact: _____

Office address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Screening program date(s): _____ Time: _____

Screening program location: _____

Place: _____

Address: _____

City: _____ ZIP: _____

This screening is open to the public.

This screening is not open to the public.

**Email your completed form to amyromanelli@acaai.org
or fax to 847-427-9656.**



American
College
of Allergy, Asthma
& Immunology