

*American Society of*  
**ALLERGY NURSES**  
*'Allergy, Asthma & Immunology'*  
*Nurses Promoting Nursing*

**"30<sup>th</sup> ANNIVERSARY" Conference Registration Form Seaside, OR**  
**September 28-30, 2018 at Seaside Convention Center, Seaside, OR**

**Please print this page, complete and mail with your payment.**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Professional Title: RN, RNP, LPN, PA, CMA, MD other \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_

**INDIVIDUAL REGISTRATION FEE \$225.00** (After September 1, 2018 fee increases to \$275) Registration fee must be paid before the meeting.

ALL PAYMENTS IN U.S. DOLLARS PLEASE. **NO REFUNDS AFTER September 1, 2018**

Please check appropriate boxes below:

I will attend  I will not attend the Saturday Night Dinner (included with registration)

I will attend  I will not attend the Friday Afternoon training session (starting at 1PM)

I am sending a check for \$10 for ASAN 2018 Membership and am unable to attend this year

I will have \_\_\_\_\_ guests for Saturday night dinner @\$25/guest.(Add payment/guest to fee).

I am sending a check for the total of \$\_\_\_\_\_.

**PLEASE MAKE ROOM RESERVATIONS EARLY AS THE ROOMS ARE VERY LIMITED.**

**PLEASE MAKE CHECKS PAYABLE TO :**

American Society of Allergy Nurses  
PO Box 1427  
Albany, OR 97321-0548

If you have membership questions, call 1-541-928-9095 or e-mail [asan@peak.org](mailto:asan@peak.org)