

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

**32<sup>nd</sup> Annual Conference Registration Form**  
**September 27-29, 2019 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 \$250.00** (After September 1, 2019 fee increases to \$285) Registration fee must be paid before the meeting.

ALL PAYMENTS IN U.S. DOLLARS PLEASE. **NO REFUNDS AFTER September 1, 2019**

Please check appropriate boxes below:

I will attend  I will not attend the Friday Afternoon training session starting at 1PM (Lunch included at 12pm)

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

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

**I will purchase the printed copies of the presentations for \$20.00 – add payment to total fee \*\*\***

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

I am sending a check for \$10 for ASAN 2019 Membership. I am unable to attend this year

**\*\*\*NEW THIS YEAR - 2019**

The presentations for each speaker will be available in PDF form on a secure website, September 1<sup>st</sup>, 2019 for registrants only. Registrants will be able to print copies of the presentations to take to the conference. There will still be a small syllabus with the agenda, speakers etc. The PDF form will be removed after the conference. If you don't want to use the PDF site for copies, hard copies of the presentations can be preordered (see above). These will then be available in your packet at the conference.

**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)