

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

**35<sup>th</sup> National Conference**

The American Society of Allergy Nurses would like to invite and welcome you as an exhibitor to our 35<sup>th</sup> National Conference. It will be held October 7-9, 2022. Seaside, OR. We are making preparations and planning ahead with our budget, so we are sending the following information to you. We appreciate your support and would like this to be a good weekend for you as well as for our registrants. For more information about the conference, our web site is [www.allergynurses.org](http://www.allergynurses.org) and our email is [asan@peak.org](mailto:asan@peak.org)

Representatives are welcome to attend **all** presentations. **Our tax ID # is 93-1009464.**

**Why you should support the American Society of Allergy Nurses annual conference:**

<u><b>2019 ATTENDANCE IN SEASIDE, OREGON</b></u>	
RN-----	77
LPN-----	22
RNP-----	6
CMA & MA-----	28
MD-----	7
Other-----	25
EXHIBITORS -23-( number of representatives) -----	<u>31</u>
Total-----	196
NUMBER OF DIFFERENT STATES-----	14
<u>NUMBER OF DIFFERENT OFFICES</u> -----	62

**The ASAN annual conference is the only one of its kind in the U.S. with the premier purpose of providing updated information and training to key personnel and decision makers in Allergy offices.**

**Please complete the following information and return to us as soon as possible.**

- \$5,000 Gold Exhibitor-(includes reg. for three reps.)
- \_\_\_ \$2,500. Silver Exhibitor – (includes reg. for three reps.)
- \_\_\_ \$2,000 Major Exhibitor – (includes reg. for three reps.)
- \_\_\_ \$1,500 Exhibitor Plus - (includes reg. for two reps.)

Company Name \_\_\_\_\_

Names of the representatives attending:

(1) Representative \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address \_\_\_\_\_  
\_\_\_\_\_

(2) Representative \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address \_\_\_\_\_  
\_\_\_\_\_

(3) Representative \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address \_\_\_\_\_  
\_\_\_\_\_

\*make check payable to – ‘American Society of Allergy Nurses’ or go to the website to pay by credit card (website – [www.allergynurses.org](http://www.allergynurses.org))

Thank you for your assistance.

National Planning Committee  
American Society of Allergy Nurses  
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