

*American Society of*  
**ALLERGY NURSES**

*'Allergy, Asthma & Immunology'*  
*Nurses Promoting Nursing*

**37<sup>th</sup> National Conference Registration Form**  
**September 6-8, 2024**

**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 \$295.00** Registration fee must be paid before the meeting. (this will include membership for ASAN 2025.)

ALL PAYMENTS IN U.S. DOLLARS PLEASE. **NO REFUNDS AFTER August 1, 2024**

Please check appropriate boxes below:

I will attend  I will not attend the Friday Afternoon training session

I will attend  I will not attend the Saturday night dinner (included with registration)

Registration for this conference includes membership for 2025

I am not attending the conference this year -sending a check for \$20 for ASAN 2024 Membership.

**\*\*\*AGAIN THIS YEAR - 2024**

Your syllabus will include a copy of all talks.

**PLEASE MAKE CHECKS PAYABLE TO :**

American Society of Allergy Nurses

PO Box 1427

Albany, OR 97321-0548

If you have membership questions, please e-mail [asan@peak.org](mailto:asan@peak.org)