



# ACAAI Annual Meeting Registration

Louisville, KY • November 10-14, 2022

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

NPI # (U.S. Only): \_\_\_\_\_ State License # & State: \_\_\_\_\_ Nurse License # & State: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check here if you are disabled and require special services. Please attach a written description of your needs.

Registration Fees	Through Sept. 12	Sept. 13 – Oct. 17	After Oct. 17	Amount Due
<b>ANNUAL MEETING • Friday, November 11 – Monday, November 14</b>				

### ACAAI MEMBERS

<input type="checkbox"/> Physician	\$495	\$545	\$645	\$ _____
<input type="checkbox"/> International Affiliate Member	\$395	\$425	\$525	\$ _____
<input type="checkbox"/> Fellow-in-Training <input type="checkbox"/> Resident <input type="checkbox"/> Student	\$ 0	\$ 30	\$ 60	\$ _____
<input type="checkbox"/> Emeritus Member/Fellow	\$ 0	\$ 0	\$ 0	\$ _____
<input type="checkbox"/> Allied Health*	\$275	\$325	\$375	\$ _____

\*Allied Health Registration also includes access to the Allied Health Professionals Course (Saturday) and the Advanced Practice Health Care Providers Course (Friday). Please indicate which you are attending.

Allied Health Professionals Course (Saturday, Nov. 12)

Advanced Practice Health Care Providers Course (Friday, Nov. 11)

### NONMEMBERS

<input type="checkbox"/> Physician <input type="checkbox"/> Other (PhD, PharmD, CEO, etc.)	\$725	\$775	\$875	\$ _____
<input type="checkbox"/> Fellow-in-Training** <input type="checkbox"/> Resident** <input type="checkbox"/> Student**	\$225	\$250	\$275	\$ _____

\*\*Letter from Program Director/Chief of Service required for nonmembers.

<input type="checkbox"/> Allied Staff* (Nurse, Office Administrator, etc.)	\$350	\$400	\$450	\$ _____
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\*Allied Staff Registration also includes access to the Allied Health Professionals Course (Saturday) and the Advanced Practice Health Care Providers Course (Friday). Please indicate which you are attending.

Allied Health Professionals Course (Saturday, Nov. 12)

Advanced Practice Health Care Providers Course (Friday, Nov. 11)

### GUESTS

<input type="checkbox"/> Alliance Member/Spouse (no charge for FIT Spouse) Name: _____	\$100	\$ _____
<input type="checkbox"/> Alliance Luncheon, Sunday, November 13, 12:00 – 3:00 pm (Alliance Members/Spouses only)	\$ 30	\$ _____
<input type="checkbox"/> Guest(s) (Children over 12 must be registered)		
Name: _____ Name: _____ # of Guests _____	\$100 each	\$ _____

<b>PRACTICE MANAGEMENT PROGRAM • Friday, November 11</b>				
Separate registration fee for Practice Managers and other non-General Meeting Registrants	\$125	\$175	\$200	\$ _____
Included with paid physician and Allied Health/Allied Staff Annual Meeting registration. Seating is limited.				

TOTAL THIS PAGE: \$ \_\_\_\_\_

# ACAAI Annual Meeting Registration

(2022 Continued)

## OPTIONAL COURSES/SESSIONS/WORKSHOPS – Must be registered for the Annual Meeting:

Registration Fees	Through Sept. 12	Sept. 13 – Oct. 17	After Oct. 17	Amount Due
<b>THURSDAY PROGRAM • INTERNATIONAL FOOD ALLERGY SYMPOSIUM • Thursday, November 10</b>				
<input type="checkbox"/> ACAAI Member	\$195	\$220	\$250	\$ _____
<input type="checkbox"/> Nonmember	\$195	\$220	\$250	\$ _____
<input type="checkbox"/> Fellow-in-Training/Resident/Student**	\$ 30	\$ 55	\$ 80	\$ _____
**Letter from Program Director/Chief of Service required for nonmembers.				
<input type="checkbox"/> Allied Health/Allied Staff	\$ 80	\$105	\$130	\$ _____

### Friday, November 11

8:00 am – 4:30 pm	<b>Annual Literature Review</b>			
	Through Sept. 12:	\$195 (FITs/Allied: \$100)		
	Sept. 13 – Oct. 17:	\$220 (FITs/Allied: \$125)		
	After Oct. 17:	\$250 (FITs/Allied: \$150)	\$ _____	
8:00 – 9:30 am	Hands-on Workshop: SQ Immunoglobulin Infusion	\$195 (FITs/Allied \$50)	\$ _____	
1:00 – 2:30 pm	Hands-on Workshop: The Use of Case Simulation for the Education of Allergy Emergencies – Spotlight on Anaphylaxis	\$195 (FITs \$50)	\$ _____	
3:00 – 4:30 pm	Hands-on Workshop: The Use of Case Simulation for the Education of Allergy Emergencies – Spotlight on Anaphylaxis ( <b>Allied Staff Only</b> )	\$ 50 (Allied)	\$ _____	

### Saturday, November 12

10:00 – 11:30 am	Hands-on Workshop: Making the Cut: Punch vs Shave Biopsy	\$195 (FITs/Allied \$50)	\$ _____	
11:30 am – 3:00 pm	Doctors' Job Fair Attendee (Job Fair Exhibitors: See Form D)	Complimentary	<input type="checkbox"/> Yes	
1:00 – 2:30 pm	Hands-on Workshop: Patch Testing 101: Basics of Patch Testing	\$195 (FITs/Allied \$50)	\$ _____	
3:00 – 4:30 pm	Hands-on Workshop: End Game: Calling All Patch Test Experts	\$195 (FITs/Allied \$50)	\$ _____	

### Sunday, November 13

11:30 am – 1:00 pm	Women in Allergy Luncheon (Women MD's Only, Please)	Complimentary	<input type="checkbox"/> Yes	
3:00 – 4:30 pm	Hands-on Workshop: Performing a Rhinology Exam	\$195 (FITs/Allied \$50)	\$ _____	

TOTAL THIS PAGE: \$ \_\_\_\_\_



# ACAAI Annual Meeting Registration

(2022 Continued)

## ASSUMPTION OF RISK AND WAIVER OF CLAIMS

### By registering for this meeting:

- I plan to attend the 2022 ACAAI Annual Scientific Meeting (Annual Meeting) on November 10-14, 2022, at the Kentucky International Convention Center and Omni Louisville Hotel (Venues).
- I acknowledge that attending the Annual Meeting during the ongoing pandemic carries risk due to the contagious nature of the COVID-19 virus and the fact that the Annual Meeting will be held indoors with a large number of attendees. I have made the decision to attend the Annual Meeting in person with a full understanding of the inherent risks of such decision and agree as follows:
  - I am attending the Annual Meeting voluntarily, and at my own risk. I understand that by attending, I risk being exposed to and/or infected with COVID-19 as a result of my actions or those of other attendees or participants, including, without limitation, ACAAI's officers, directors, members, staff, agents, and representatives (collectively, "ACAAI") and the Venue's employees. I hereby release, for myself, my heirs, and my personal representatives, and do forever discharge, indemnify and hold harmless ACAAI and the Venues from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of, in connection with, or relating to my attending or participating in the Annual Meeting, including, without limitation, any illness, damages, or injury resulting from my travel to and from, and attendance at, the Annual Meeting, participation in events related to the Annual Meeting, exposure to an infectious disease (including COVID-19), or the manner in which the Annual Meeting or its related events and activities are conducted (collectively, "Claims"), whether a condition giving rise to any Claim occurred before, during, or after I attended or participated in the Annual Meeting.
  - I will follow all required health and safety guidelines, protocols, policies, regulations, and mandates relating to my attendance at the Annual Meeting, including, but not limited to, Centers for Disease Control guidelines, statutes, regulations, and other mandates applicable to the locale of the Annual Meeting, as well as any additional requirements imposed by ACAAI or the Venues (regardless of whether federal, state, or local laws allow otherwise).
  - I will monitor my own health status and will not attend the Annual Meeting if I am symptomatic of COVID-19 in any way, or if I believe I have been exposed to someone with COVID-19.
  - I understand that I will not be allowed to attend the Annual Meeting unless I agree to be bound by the terms and conditions of this Assumption of Risk and Waiver of Claims form (Waiver) and that my failure to comply with required safety protocols or follow the direction of ACAAI staff on site may result in the loss of my right to attend or participate in the Annual Meeting, including forfeiture of any registration fees paid.
  - I hereby acknowledge that I have carefully read and understand this Waiver and agree to be bound by its terms and conditions.
- I hereby acknowledge and authorize (opt-in) to receive future correspondence from the ACAAI and its authorized agents related to the meeting.
- I hereby acknowledge and agree that ACAAI or its agents may take photographs of me during events and may freely use those photographs in any media for ACAAI's purposes, including but not limited to news and promotional purposes, without further compensation to me.

### Contact Information Sharing (Required response) – Do you give your consent to share your contact information with our industry partners?

Yes       No

In compliance with ACCME Standards for Integrity and Independence in Accredited Education, the ACAAI is required to seek your permission before sharing your contact information with any ACCME-defined ineligible companies. Your answer has no bearing on your ability to participate in the conference.

TOTAL PREVIOUS PAGE A: \$ \_\_\_\_\_

TOTAL PREVIOUS PAGE B: \$ \_\_\_\_\_

TOTAL REMITTANCE: \$ \_\_\_\_\_

Check (payable to ACAAI)       Visa     Master Card     American Express

CC Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Send completed registration form along with payment to:

ACAAI, Attn: Meeting Registration  
85 W. Algonquin Rd, Ste 550  
Arlington Heights, IL 60005  
Phone: (847) 427-1200  
Email: meetings@acaai.org

- Checks must be payable to ACAAI in U.S. funds only.
- Non-U.S. registrations: payable by credit card only.
- Cancel before Oct. 17, 2022 to qualify for a refund (less \$75 fee).
- No refunds on cancellations after Oct. 17.
- No refunds of less than \$5.