



ACAAI Annual Meeting Registration

Boston, MA • October 24-28, 2024

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 Aug. 26	Aug. 27 – Sept. 30	After Sept. 30	Amount Due
ANNUAL MEETING • Friday, October 25 – Monday, October 28				

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, Oct. 26)
- Advanced Practice Health Care Providers Course (Friday, Oct. 25)

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 Health* (Nurse, Office Administrator, etc.)	\$350	\$400	\$450	\$ _____
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**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, Oct. 26)
- Advanced Practice Health Care Providers Course (Friday, Oct. 25)

GUESTS

Alliance/Spouses only (no charge for FIT Spouse) Name: _____ \$100 \$ _____

Guest(s) (Children over 12 must be registered)

Name: _____ Name: _____ # of Guests _____ \$100 each \$ _____

PRACTICE MANAGEMENT PROGRAM • Friday, October 25

Included with paid physician and Allied Health Annual Meeting registration.

TOTAL THIS PAGE: \$ _____

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

Registration Fees	Through Aug. 26	Aug. 27 – Sept. 30	After Sept. 30	Amount Due
THURSDAY PROGRAM • Advancing Asthma Care • Thursday, October 24				
<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	\$ 80	\$105	\$130	\$ _____

Friday, October 25

8:00 am – 4:30 pm	Annual Literature Review Through Aug. 26: Aug. 27 – Sept. 30: After Sept. 30:	\$195 (FITs/Allied: \$100) \$220 (FITs/Allied: \$125) \$250 (FITs/Allied: \$150)	\$ _____
1:00 – 2:30 pm	Hands-on Workshop: Spotlight on Anaphylaxis: The Use of Case Simulation for the Education of Allergy Emergencies (Session One)	\$195 (FITs/Allied \$50)	\$ _____
3:00 – 4:30 pm	Hands-on Workshop: SQ Immunoglobulin Infusion	\$195 (FITs/Allied \$50)	\$ _____
3:00 – 4:30 pm	Hands-on Workshop: Spotlight on Anaphylaxis: The Use of Case Simulation for the Education of Allergy Emergencies (Session Two)	\$195 (FITs/Allied \$50)	\$ _____

Saturday, October 26

10:00 – 11:30 am	Hands-on Workshop: The Nuts and Bolts of Patch Testing, Wet Wraps and Creams	\$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
3:00 – 4:30 pm	Hands-on Workshop: Making the Cut: Shave vs. Punch Skin Biopsies	\$195 (FITs/Allied \$50)	\$ _____

Sunday, October 27

11:30 am – 1:00 pm	Women in Allergy Luncheon (Women Physicians and Allied Health Staff only, please.)	Complimentary	<input type="checkbox"/> Yes
1:00 – 2:30 pm	Hands-on Workshop: Performing a Rhinolaryngologic Exam (Session One)	\$195 (FITs/Allied \$50)	\$ _____
3:00 – 4:30 pm	Hands-on Workshop: Performing a Rhinolaryngologic Exam (Session Two)	\$195 (FITs/Allied \$50)	\$ _____

TOTAL THIS PAGE: \$ _____



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ASSUMPTION OF RISK AND WAIVER OF CLAIMS

By registering for this meeting:

- I plan to attend the 2024 ACAAI Annual Scientific Meeting (Annual Meeting) on October 24-28, 2024, at the Hynes Convention Center and Sheraton Boston Hotel and Boston Marriott Copley Place Hotel (Venues).

I acknowledge that attending the Annual Meeting 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, or other diseases, 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 Sept. 30, 2024 to qualify for a refund (less \$75 fee). Requests must be in writing.
- No refunds on cancellations after Sept. 30.
- No refunds of less than \$5.