



## Screening Program Coordinator Registration ACAAI Nationwide Asthma Screening Program

To be a 2017 coordinator for the spring/summer program, return this form by May 31.  
For the fall/winter program, return by August 31.

I am a College member and would like to coordinate an asthma screening program in my community.

Coordinating allergist: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Planning a spring/summer screening

Planning a fall/winter screening

Undecided at this time

**Note:** Although multiple allergists may participate, a single College member must be designated as the official coordinator for each screening.

**Email your completed form to [amandaspejcher@acaai.org](mailto:amandaspejcher@acaai.org)  
or fax to 847-427-9656**



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