



Screening Program Coordinator Registration ACAIA Nationwide Asthma Screening Program

To be a 2016 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 allergist 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
or fax to 847-427-9656.**

