



Screening Program Location Registration

ACAAI Nationwide Asthma Screening Program

**Coordinator kits are accessible via email
after you submit your confirmed dates.**

**Only submit confirmed dates and locations.
Tentative dates cannot be accepted.**

Coordinating allergist: _____

Office contact: _____

Office address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Screening program date(s): _____ Time: _____

Screening program location: _____

Place: _____

Address: _____

City: _____ ZIP: _____

This screening is open to the public and should be listed on the
ACAAI website.

This screening is not open to the public and should not be listed
on the ACAAI website.

**Email your completed form to amandaspejcher@acaai.org
or fax to 847-427-9656.**



American
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