

REGISTRATION FORM

AARC

Asthma Disease Management Program/ Asthma Certification Preparation Course

August 7-8 2004 • Oak Brook, Illinois

Pre-Registration is Required. Deadline: July 28, 2004.

One person per form. Full payment must be included with registration. No invoices will be issued.

First/Last Name for Badge _____

AARC Member # _____

First/Last Name for Completion Certificate _____

Credentials for Completion Certificate _____

Employer _____

Preferred Mailing Address (indicate if this is your Home or Business)

City _____ State _____ Zip Code _____

Daytime Phone (include area code) _____

E-mail Address _____

Course Fees

Pre-Registration is Required. Deadline: July 28, 2004.

By July 12: AARC Member \$200 Nonmember \$295*

July 13-July 28: AARC Member \$215 Nonmember \$315*

Cancellations must be in writing. There will be a 30% handling fee for cancellations received by July 28. No refunds will be made thereafter.

*You may become a member prior to registering by going to www.AARC.org. If you opt to pay the nonmember fee you are entitled to free, automatic AARC membership. Check here if you **DO NOT** wish to receive this complimentary 12-month AARC membership.

Check or Money Order enclosed. Charge my: MasterCard VISA American Express

Name of Card Holder (print) _____

Credit Card #

Expiration Date

Signature _____

If paying by credit card, you may FAX your Registration Form to (972) 484-2720.

Mail Registration Form and check, payable to AARC, to:

AARC, 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706 • Phone (972) 243-2272