

SOCIETY MEETING INFORMATION

Date: _____

1. Name of Society: _____

2. Contact Person (individual in your society you want the Executive Office to refer callers to):

Name: _____

Address: _____

Phone Number: (Do not provide these numbers if they are not to be given to callers).

Phone: (_____) _____

E-mail: _____

3. Date and location of society meeting in which exhibits will be accepted.

Date: _____

Location: _____

Please mail or fax this form to:

American Association for Respiratory Care
Attn: Chartered Affiliates Committee Liaison
9425 N. MacArthur Blvd., Ste. 100
Irving, TX 75063
Fax: (972) 484-2720