

11th ANNUAL ACCP COMMUNITY ASTHMA AND COPD COALITIONS SYMPOSIUM CHEST 2009 REGISTRATION FORM

Wednesday and Thursday, November 4-5, 2009
Manchester Grand Hyatt San Diego, California

If you wish to attend any other sessions or courses offered at CHEST 2009 please register via www.chestnet.org. Otherwise, you may register on-site, at The San Diego Convention Center in San Diego, California.

Registration Information

REGISTRATION DEADLINE: OCTOBER 9, 2009

Complete all areas.

Coalition Name _____

ACCP ID# IF YOU DON'T KNOW, LEAVE BLANK _____

First, Middle Initial, Last Name _____

Professional Designation _____

Mailing Address _____

__ Home __ Office _____

City, State/Province, Zip/Postal Code _____

Country _____

__ Home __ Office Daytime Phone _____

Fax _____

E-mail _____

Registration Category

(Please check only one)

- ACCP Allied Health Member \$75.00/per day
 Allied Health Nonmember (Nonphysician/Nondoctoral/Nonstudent) \$125.00/per day

Please indicate which day(s) you wish to attend.

(To attend the entire symposium, please check both days)

- 3740 Wednesday, November 4, 2009
 3741 Thursday, November 5, 2009

Payment

Enter fees from above.

- Check/Money Order (Drawn on a US bank in US dollars) payable to ACCP enclosed.

Total Payment Due \$ _____

Please charge my:

- American Express MasterCard Visa

Credit Card Number _____

Expiration Date _____

Signature _____

Refund requests must be received in writing on or before October 9, 2009, for full reimbursement less a \$50 processing fee.
Refunds will not be issued after October 9, 2009

Fax

Attention: Beth Corey
(847) 498-5460

Phone

For more Information,
Contact Beth Corey
(847) 498-8366

Mail

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Special Requests

List your special needs--include mobility and dietary needs (*i.e.*, vegetarian, kosher) etc:

