

REGISTRATION FORM

Intermountain West Allergy Assn. • 13th Annual Scientific Session The Canyons Resort, Park City, UT • July 15-18, 2010

Last Name _____ Title _____ First Name _____

Spouse/Guests _____ Attending Saturday Evening: Yes No

Mailing Address _____ City _____ State _____ Zip _____

Phone: Home _____ Office _____

Credit Card Number _____ Exp. Date _____

Signature _____

Registration fee is \$175.

Acceptable credit cards are VISA and MasterCard (A \$6 transaction fee will be added.)

Please make check payable to Intermountain West Allergy Association.

Call The Canyons at 866-604-4171 for room reservations.

Please mail to IWAA Meeting Planners at

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