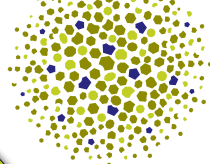


Alyeska  
Resort  
•• in ••  
Girdwood  
Alaska



## REGISTRATION AND EDUCATION

### Early Registration Deadline: August 7

Registration costs	By 8/7/2023	After 8/7/2023
Physician	\$350	\$385
Nurse Practitioner / Physician Assistant	\$260	\$285
Registered Nurse / RT / Other	\$200	\$225
Residents	\$60	\$60
Dinner Symposium (See below)	\$50	\$50

Includes two lunches and Saturday breakfast. Friday dinner is separate.

### Continuing Education Credit

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Academy of Allergy, Asthma & Immunology (AAAAI) and the Asthma & Allergy Foundation of America, Alaska Chapter (AAFA Alaska). The AAAAI is accredited by the ACCME to provide continuing medical education for physicians. In addition, the AAAAI is a provider approved by the California Board of Registered Nursing (Provider #10704). Credit is awarded only for hours attended by participants and documented by sign-in sheets.



### Dinner Symposium

The Friday Dinner Symposium — **Path to Wellness** — is separate and is worth one additional credit. The dinner symposium is \$50 for conference registrants. Reservations are required. Simply indicate that you will attend the dinner on the registration form. If you want a spouse or friend to join you, indicate this on the form as well. A guest seat is \$50.

The Asthma & Allergy Foundation of America (AAFA) Alaska Chapter's last 16 conferences were highly successful, filled to capacity. AAFA-Alaska expects similar interest in the 17th Annual Asthma & Allergy Conference — Wheezin', Sneezin' and Itchin' in Alaska. Join colleagues to benefit from a comprehensive agenda with evidence-based research in asthma, allergy, and immunology, current best practices and recent advancements in the treatment and management of asthma and allergic disease. This conference underscores AAFA Alaska's goal to educate Alaskan health care providers — physicians specializing in pulmonology care, family medicine, pediatrics, internal medicine and asthma, allergy & immunology, as well as nurses, dietitians, respiratory therapists and other medical specialties — about asthma and allergy management via education delivered locally by recognized experts in a single 2-day event.

**QUESTIONS?** Call (907) 349-0637 or 1-800-651-4914, or Email [aafaalaska@gci.net](mailto:aafaalaska@gci.net) or visit <http://conference.aafaalaska.com>

## FACILITY AND FACULTY

**Host Facility:** Alyeska Resort, 1000 Alberg Drive in Girdwood, is a scenic 40-mile drive southeast of Anchorage. Alyeska offers a special conference room rate until **August 7** — \$259 + 12% tax + \$20 resort fee. For reservations, call toll free 1-800-880-3880 or 907-754-2111.

### Presenting Faculty

**April Arseneau, MD, FAAAAI,**

Valley Allergy & Asthma Clinic, LLC, in Palmer

**Michael Blaiss, MD, FAAAAI, FAAAAI,**

Medical College of Georgia at Augusta University in Atlanta

**Jeffrey G. Demain, MD, FAAAAI, FAAAAI, FAAP**

Allergy, Asthma & Immunology Center (AAIC) of Alaska and University of Washington School of Medicine

**Ross Dodge, MD,** Peak Neurology and Sleep Medicine, LLC in Anchorage

**Bryan Farthing, DHsc, MS, PA-C,** AAIC of Alaska

**Jon Grace, MD,** Pulmonology and AAIC of Alaska

**Rohit K. Katial, MD, FAAAAI, FAAAAI, FACP**

National Jewish Health and University of Colorado in Denver

**David Kingston, PA-C,** AAIC of Alaska

**Stephen Marks, MD, FAAAAI,** AAIC of Alaska

**Anju T. Peters, MD, MS,** Northwestern University

Feinberg School of Medicine in Chicago, IL

**Neill T. Peters, MD,** Northwestern University

Feinberg School of Medicine in Chicago, IL

**Sarbjit Singh Saini, MD, FAAAAI**

Johns Hopkins Asthma & Allergy Center in Baltimore, MD

# REGISTRATION



Please type or print. Return the completed form to:

AAFA, Alaska Chapter • P.O. Box 201927  
Anchorage, AK 99520-1927

A confirmation letter will be mailed once your registration form is received and processed.



First Name

Last Name

Professional Title (check all that apply)

MD     DO     PA     ANP  
 RN     RT     Other: \_\_\_\_\_

Organization

Mailing Address

City

State

Zipcode + 4

Email Address

Phone Number

Alternate Phone Number

## PAYMENT AMOUNT

Registration Payment Amount (Reference Registration Cost Section): \$ \_\_\_\_\_

Dinner Symposium (Registrant) - \$50 (Not included in Conference Registration): \$ \_\_\_\_\_

Dinner Symposium Guest Seats - \$50 each (Limited Space available): \$ \_\_\_\_\_

Paper Handout/Slide Copies - \$30 (Registration includes thumb drive only): \$ \_\_\_\_\_

**TOTAL PAYMENT ACCOMPANYING REGISTRATION FORM:** \$ \_\_\_\_\_

## PAYMENT METHOD

Credit Card\* (check type):     Visa     MasterCard    Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Card #: \_\_\_\_\_    CCV Code: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

\* Credit card charges will appear on your statement as "AAFA-Alaska"

Purchase Order (A copy of the PO. must be attached to this form):

Check - Payable to AAFA-Alaska

