# REGISTRATION FORM

## Intermountain West Allergy Assn. • 23rd Scientific Session
## The Coeur d'Alene Resort, Coeur d'Alene, Idaho • September 23-25, 2021

Last Name _____ Title _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Credit Card Number _____ Exp. Date _____

Credit Card Billing Address (if different) _____

Signature _____ City _____ State _____ Zip Code _____

Email Address _____ Contact Phone _____

**Physician and PharmD Registration Fee is $325**
**Allied Health Professional Fee is $250**

**Call The Coeur d'Alene Resort at 888-965-6542 for room reservations.**
**(Rooms are held under IWAA or Intermountain West Allergy Association)**

**Please mail or fax to IWAA**

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