

# Eastern Allergy Conference

June 1-4, 2023

## Registration Form

### On-Site Registration

If paying by check, make payable to Eastern Allergy Conference

#### Eastern Allergy Conference

450 Veterans Memorial Parkway, #15 ~ East Providence, RI 02914

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Cell \_\_\_\_\_

Name of Spouse or Guests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Method of Payment

Registration \$495.00 X \_\_\_\_\_  \*Guest \$150.00 X \_\_\_\_\_  \*Child (3-12) \$75.00 X \_\_\_\_\_

Credit Card Information: Circle one:      Master Card      VISA      AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

\*Guest registration includes two nightly receptions and the Saturday evening dinner dance