

REGISTRATION FORM

**Intermountain West Allergy Assn. • 25th Annual Scientific Session
The Grand Summit Hotel, Park City, Utah • August 3-5, 2023**

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 Grand Summit Hotel for room reservations
at 855-332-1601, then select option 1, followed by option 3.
(Rooms are held under IWAA Meeting 2023 or code BPCIAA23)**

Please mail or fax to IWAA
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