

REGISTRATION FORM

**Intermountain West Allergy Assn. • 26th Annual Scientific Session
The Coeur d'Alene Resort, Coeur d'Alene, Idaho • July 18-20, 2024**

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 \$395
Allied Health Professional Fee is \$300**

**For Guest Room Reservations at the Coeur d'Alene Resort,
please call 888-965-6542 and mention IWAA, July 18-20, 2024**

Please mail or fax to IWAA
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