

Southeastern Allergy, Asthma and Immunology Society  
**Annual Meeting Physician Registration Form**  
September 16<sup>th</sup> – 17<sup>th</sup>, 2011  
Point Clear Resort & Spa, Point Clear, AL

**When:** September 16<sup>th</sup> – 17<sup>th</sup>, 2011

**Where:** Point Clear Resort & Spa®  
One Grand Boulevard  
Point Clear, AL 36564  
Phone: (800) 544-9933

**Please copy this form to register each attendee.**

Meeting Attendee's Name & Title \_\_\_\_\_

Attendee's Guest Name(s) \_\_\_\_\_

Attendee's Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Arrival date and approximate time: \_\_\_\_\_  
(Date) (Time)

Departure date and approximate time: \_\_\_\_\_  
(Date) (Time)

**Check all that apply.**

I will be attending the educational sessions.     YES     NO

I will be attending the Friday Reception.     YES     NO

I will be staying at the Point Clear Resort & Spa®.     YES     NO

Please direct questions to Dr. Lee S. Clore, Jr., MD, Executive Secretary-Treasurer, at (270) 684-6144.