

**2008 HIGH DESERT PULMONARY
CONFERENCE REGISTRATION FORM**

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

License #: _____ State: _____

RN LPN/LVN RRT CRT/CRTT MD

Other: _____

Place of Employment: _____

Employment: Independent Practice
Hospital
Home Health Care

REGISTRATION

Professional: \$70.00 Student: \$25.00

• Check Amount Enclosed: \$ _____

*Make check payable to American Lung Association of Idaho.
(Your check will serve as your receipt.)*

• Credit Card

 Visa Master Card Discover Am Ex

Name on Card: _____

Card #: _____

Exp. Date: _____ Charge Amount: \$ _____

**Please specify any special needs you may have, (i.e.
menu, access, etc.):**

COMPLETE FORM AND RETURN WITH PAYMENT TO:

American Lung Association of Idaho
8030 Emerald St., Ste. 175, Boise, ID 83704
P: 208-345-5864 • F: 208-345-5896