



**FULL CONFERENCE REGISTRATION FEES**  
**INCREASE \$30 AFTER May 15, 2019**

**Preconference Sessions:**

**Pharmacologic Management June 6, 2019**

- AAE Members and Military \$200
- Non-Members \$230

**Conference Registration Fees**

Fees include: Friday breakfast, lunch and reception, Saturday breakfast and lunch, Sunday breakfast, daily morning and afternoon breaks. June 7-9, 2019

- AAE Members** – \$370 for Conference
- Non-Members** – \$470 for Conference

**Conference Special Rates:**

- Special rate- New Members:**  
Join AAE for \$80.00 and pay the Member Fee for the complete conference (\$370) for a total of \$450 (a \$20.00 savings)
- Military:** We honor those who serve: Pay the Member Rate of \$370 and obtain a free one year membership. Please include a photo copy of your military ID with registration.

**Student Rates:**

- Student Poster Presenters: Complimentary registration if with a mentor paying the full rate.
- Student rate – \$175.00 Early Rate!

**Conference Single Day Rates:**

- Friday \$200
- Saturday \$200
- Sunday \$130
- Friday/Saturday Rate \$285
- Saturday/Sunday \$255

- Yes! I am interested in volunteering to assist with the AAE's Community Service Project on June 6, 2019

- I am a first time attendee
- Special Meal options requested
- Food allergies (list below)

# AAE Conference Registration

## June 6, 2019 Pre-Conference

## June 7-9, 2019

### AAE Mission Statement

The Association of Asthma Educators is the premier inter-professional organization striving for excellence to raise the competency of diverse individuals who educate patients and families living with asthma.

### Mail or fax form to:

Association of Asthma Educators,  
70 Buckwalter Road Ste 900 # 330, Royersford, PA 19468. Phone: 610-772-0661 Fax: 215-361-9920 [ONLINE REGISTRATION](#): Email: [admin@asthmaeducators.org](mailto:admin@asthmaeducators.org)

### Attendee Information

Name

Credentials

Unique Identifier (Last 4 digits SSN#, license #, AARC#)

Current Title/Position

Address

City

State

Zip

Phone Number

Email

### Method of Payment

Authorized Signature

Print Name

Date

Total Amount

- Check
- Mastercard
- VISA
- AMEX
- Discover

Card Number

Expiration Date

Security Code

Name of Card Holder (Print)

Signature

Billing Address (if different from above)