

**World Allergy Organization (WAO) Congress—XVIII ICACI
Vancouver, Canada
7-12 September 2003**

Continuing Medical Education Credit Self-Report

1. Contact Information – The certificate will be mailed to the address listed below.

PRINT CLEARLY

Full Name:

List your name exactly as it should appear on the CME certificate.

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Telephone:

Fax:

Be sure to include the corresponding city and country codes.

E-mail:

2. Credits Earned – Enter the amount of credit you would like to claim. Each attendee should claim only those hours of credit he/she actually spent in the activity. Please see the list of sessions on the following pages in order to calculate your credits. Each educational session is worth 1.5 CME credits.

	Credit for the Sessions You Attended
Sunday, 7 September 2003	
Monday, 8 September 2003	
Tuesday, 9 September 2003	
Wednesday, 10 September 2003	
Thursday, 11 September 2003	
Friday, 12 September 2003	
Total	

3. Signature – I confirm that to the best of my knowledge the information provided on this form is true and accurate.

Signature:

Date:

4. Submit this form to the WAO Secretariat

On-site: Submit this form at Information Desk.
Lobby, Vancouver Convention & Exhibition Centre

After the Congress: Fax or mail this form to the WAO Secretariat.
WAO Secretariat
Attn: CME Department
611 East Wells Street
Milwaukee, WI 53202
United States
Fax: +1 414 276 3349

If you have questions, please contact the WAO Secretariat.

WAO Secretariat
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