



*Improving Life, One Breath at a Time*



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### Registration Form

- Enclose full payment of the course with registration form
- Checks should be made payable to the American Lung Association of ND or complete the credit card information

Name \_\_\_\_\_

Credentials \_\_\_\_\_

School/Agency \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I have enclosed a check for payment:

\_\_\_\_\_ Open Airways for Schools \$75

\_\_\_\_\_ Please charge the registration fee to my credit card:

\_\_\_\_\_ Visa

\_\_\_\_\_ Mastercard

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

**Send to:** **American Lung Association of North Dakota**  
**P.O. Box 5004**  
**Bismarck, ND 58502-5004**  
**Fax: (701) 223-5727**