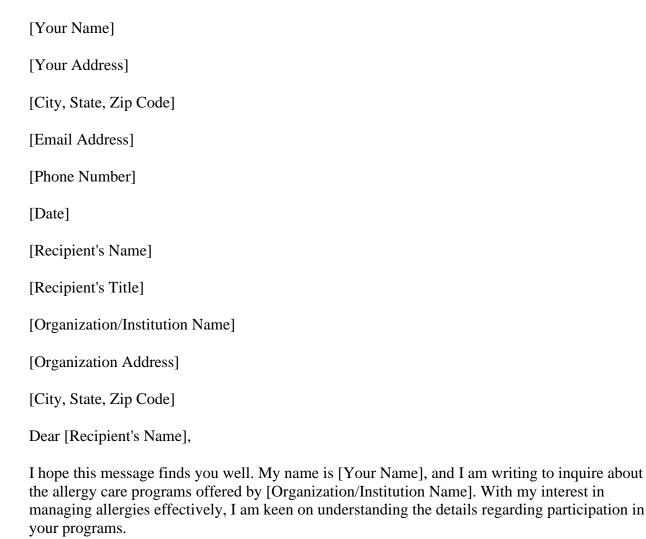
Inquiry About Allergy Care Program Participation



Could you please provide me with information regarding:

- Eligibility criteria for participation
- Program schedules and durations
- Any associated costs or insurance coverage
- Resources available for participants

Thank you for your time and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]