

MEMBERS (Each Attendee MUST Complete a Form)

2010 Mid-America Conference on Hearing

Register only one ATTENDEE per form. Guest/Spouse can be combined on attendees form.

One check will be accepted as long as individual forms are completed for each attendee.

Registration Fee For Mail and Online	Early Discount Pay by May 4, 2010 \$285.00	Registration Postmark By May 22, 2010 \$385.00	\$ _____
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Online Registration Will Shut Down At Midnight May 22, 2010.

Spouse/Guest tickets, includes exhibits & meals Children under 15, no fee required	\$135.00 x _____	\$ _____
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Non-licensed/Non-dispensing Apprentice/Academic Student (copy of student ID card required) Includes seminars/exhibits/meals; no CEUs granted	\$135.00 x _____	\$ _____
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2 Day, 10 Hr, Pre-License Exam Review Class, Fri/Sat (Must have conference \$135 registration also)	\$125.00 x _____	\$ _____
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Special Dietary Needs _____

PLEASE PRINT - ALL INFORMATION MUST BE COMPLETED

Name on Badge _____

Title: BC-HIS CCC/A ACA MD PHD AUD DISPENSER (mandatory if applicable)

Home Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Company Name _____

2010 Member of KY IN OH MI ___ OTHER (Please provide copy of membership card at Registration Desk)

On Site and Late Registration Fee \$535.00

In addition to previous information requested

Total Amount Authorized \$ _____ Credit Card: <input type="radio"/> MC <input type="radio"/> Visa <input type="radio"/> Discover (Choose One) Credit Card Number: _____ Name on Card: _____ Street Number _____ Zip Code _____ Exp Date: Month (MM) ____ Year (YY) ____ (MUST match credit card billing address) Your convention pack will be available at the convention registration desk. Your signature gives Mid-America Conference on Hearing permission to charge your credit card in the amount listed above.	PLEASE PRINT AND COMPLETE WHEN PAYING BY PERSONAL CHECK Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Telephone: _____ Check Number Enclosed: _____ Personal Email: _____ (for confirmation enclose a SASE)
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READ ALL INSTRUCTIONS. INCOMPLETE FORMS WILL BE RETURNED. ALL INFORMATION CONFIDENTIAL.

DOUBLE CHECK YOUR ADDITION BEFORE SENDING CHECK. MAIL ALL FORMS AND CHECKS TO:

**Mid-America Conference on Hearing
7410 U.S. Highway 42, #100, Florence, KY 41042**