

MEMBERS (Each Attendee MUST Complete a Form)
2012 Mid-America Conference on Hearing

Register only one ATTENDEE per form. Guest/Spouse can be combined on attendee form.
 One check will be accepted as long as individual forms are completed for each attendee.

May 10 - 12, 2012

Registration Fee For Mail and Online	Early Discount Pay by April 9, 2012 \$285.00	LATE Registration Postmark Pay by April 30, 2012 \$385.00	\$ _____
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Online Registration Will Shut Down At Midnight April 30, 2012

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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1 Day, 3 Hr, Front Office Personnel - Sat. (Review Class)	\$75.00 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 or Cell _____ Email _____
(print)

Company Name _____ Company Phone _____

2012 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.	<p align="center">PLEASE PRINT AND COMPLETE WHEN PAYING BY PERSONAL CHECK</p> Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Telephone or Cell: _____ 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