

NON-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.

SPECIAL DISCOUNT - All attendees from other states will be given the Member Discount rate if they present a copy of their current state chapter membership card at registration desk. Non-member rate applies without card.

Registration Fee For Mail and Online	Early Discount Pay by May 4, 2010 \$385.00	Registration Postmark After May 22, 2010 \$535.00	Non-Member Rate Without Card \$ _____
---	---	--	---

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 _____	\$ _____
---	-------------------------	----------

Non-licensed/Non-dispensing Apprentice/Academic Student (copy of student ID card required) Includes seminars/exhibits/meals; no CEUs granted	\$135.00 x _____	\$ _____
---	-------------------------	----------

2 Day, 10 Hr, Pre-License Exam Review Class, Fri/Sat (Must have conference \$135 registration also)	\$125.00 x _____	\$ _____
--	-------------------------	----------

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 _____

Company Telephone _____

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 style="text-align: center;">PLEASE PRINT AND COMPLETE WHEN PAYING BY PERSONAL CHECK</p> Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Telephone: _____ Check Number Enclosed: _____ Personal Email: _____ <p style="text-align: center;">(for confirmation enclose a SASE)</p>
--	---

**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**