ADA CONVENTION REGISTRATION FORM

ADA 2015 Convention: *Capital Ideas*
November 12-15, 2015 | Hyatt Regency Capital Hill | Washington, DC

Register online at www.audiologist.org or return completed form to: ADA Headquarters, 3493 Lansdowne Dr., Suite 2, Lexington, KY 40517 • Toll Free: 866-493-5544 • Fax: (859) 271-0607. Complete and return one form for each attendee. After November 7, you must register on-site. Please print clearly.

ATTENDEE INFORMATION

Name _____ Degree/Designation _____

Company/Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

REGISTRATION FEES *(All Prices are in U.S. Dollars)*

	On or before 10/12/2015	After 10/12/2015
☐ ADA Member	☐ $695	☐ $795
☐ Non-Member	☐ $850	☐ $950
☐ Speaker	☐ $395	☐ $395
☐ Student Member	☐ $270	☐ $320
☐ Student Non-Member	☐ $325	☐ $375

NOTE: Students must submit a copy of their student ID card with registration to be eligible for the student rate.

☐ Guest: Name: _____	☐ $395	☐ $395

Guest registration includes all meals and social events provided to regular attendees, plus exhibit hall pass.

Non-audiologists only. Note: Guests are not permitted to attend ADA convention courses.

PRE-CONVENTION WORKSHOPS

Front Office Training Workshop ☐ $200

Total Registration Fee _____

Cancellation/Refund Policy: Refunds for cancellations prior to October 13, 2015 will be processed less a $50.00 cancellation fee. Cancellations received between October 13, 2015 and November 7, 2015 will receive a 50% refund of registration fees. ADA regrets that refunds are not given for cancellations received after November 7, 2015 or for no-shows.

I will attend (check all that apply):

☐ LOBBY DAY (Thursday)

☐ All American Picnic (Thursday)

☐ Friday Night Event (Friday)

☐ Unbundling Workshop (Sunday)

☐ The Art of Transformation (Sunday)

☐ Over-the-Counter (OTC) Tinnitus Relief Products (Sunday)

☐ Ethics in a Social World (Sunday)

☐ ACAE Course (Sunday)

I am a:
☐ First Time Attendee
☐ New ADA Member

Physical Accommodations

☐ Please indicate if, under the Americans with Disabilities Act, you require specific aids or devices to fully participate in this convention.

Dietary Restrictions

Payment Information

Balance Due $ _____

☐ Check is enclosed (made payable to ADA).

☐ Please charge this amount

$ _____ to this credit card:

☐ AmEx ☐ Visa ☐ MC ☐ Discover

Card Number _____

Expiration Date _____

Credit Card Billing Address (if different) _____

Name on Card (please print) _____

Signature _____

Date _____