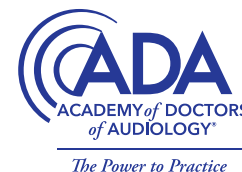


ADA CONVENTION REGISTRATION FORM



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 _____