# 2017 KENTUCKY AUDIOLOGY CONFERENCE REGISTRATION

**PLEASE PRINT CLEARLY**

LAST NAME _____ FIRST NAME_____

**Fellow Member** -Audiologist_____ **Associate Member** -Hearing Instrument Specialist/Other_____

**IF YOU WERE NOT A MEMBER BY APRIL 1, 2017 YOU MUST PAY NON-MEMBER FEE- NO EXCEPTIONS**

Place of Employment_____Degree _____
Address_____
City_____ State_____ Zip_____
Phone_____ E-Mail_____

**Mandatory for conference updates and handouts**

**ARE YOU BOARD CERTIFIED IN AUDIOLOGY?** **YES** ☐ **OR** **NO** ☐
(This is not ASHA CCC-A)

## No "One Day" Conference Fees

| Kentucky Audiology Conference | **Pre-Registration** by July 1st | **On-Site** |
|---|---|---|
| 2017 KAA Member **by April 1, 2017** ☐ | $ 200.00 | $ 250.00 |
| Non-Member Licensed Professional ☐ | $ 325.00 | $ 400.00 |
| Staff Member (NO HOURS) ☐ | $ 125.00 | $ 150.00 |
| Guest (No courses/No hours) ☐ | $ 75.00 | $ 75.00 |
| Guest Name_____ | | |
| Student Registration ☐ | $ 25.00 | $ 25.00 |

*Full-time Residential Graduate students or Undergraduate students in Communication Disorders Program for student rates.

Total: Check #_____ CC Fee $8.00 $_____

Please List the Events you **WILL** be attending:

**Thursday**
Course_____ Vendor Reception_____

**Friday**
Breakfast_____ Lunch_____

**Saturday**
Breakfast_____ Lunch_____

Please list any SPECIAL ACCOMMODATIONS you may need: _____

PAYMENTS AND REGISTRATION

**Make Check Payable to Kentucky Academy of Audiology** – CREDIT CARD CAN BE TAKEN WITH AN ADDITIONAL $8.00 FEE. Visa, MC, AMEX, and Discover

CC#_____ Exp. Date_____ CV Code_____

NAME ON CARD_____ Zip Code_____

Please return this Form and Registration fees to:

Kentucky Academy of Audiology
C/O Cody Jones
446 East High Street, Suite 10
Lexington, Ky. 40507
OR FAX WITH CC TO:
859-271-0607 OR EMAIL TO:
cjones@kyaudio.org

NOTE:Refunds minus $25 processing fee if written notice is received before 7-11-17.