



Advancing Audiology in Ohio
2018 Ohio Audiology Conference

Registration Form

Last Name _____ First Name _____
 Title/Position _____ Badge Name _____
 Place of Employment _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

<u>Ohio Audiology Conference 10/26/18-10/27/18</u>	Postmarked by:	Late Registration	On-Site Registration
	Aug. 25, 2018*		
<input type="checkbox"/> OAA MEMBER	\$ 250.00	\$375.00	\$ 450.00
<input type="checkbox"/> NON-MEMBER	\$ 350.00	\$ 475.00	\$ 550.00
<input type="checkbox"/> SATURDAY ONLY	\$ 125.00	\$ 175.00	\$ 200.00
<input type="checkbox"/> Full-Time Residential Students	\$ 125.00		
TOTAL: \$ _____			
<i>Lunch is included in conference rates</i>			

Please list any special accommodations you may need: _____

Payment CHECK Make check payable to "The Ohio Academy of Audiology".
 Credit Card (circle one): VISA Master Card
 Account Number _____ Expiration Date _____
 Name on Card _____ Signature _____
 Card Billing Address _____

PLEASE RETURN THIS FORM & REGISTRATION FEES TO:	The Ohio Academy of Audiology 323 James Bohanan Dr. P.O. Box 621 Vandalia, Ohio 45377
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*** All registrations after October 25 must be done on-site. No refunds after October 9, 2018**