



2018 KAA Conference Registration Form

August 2-3, 2018
Embassy Suites | Lexington, KY

CONTACT INFORMATION

FIRST NAME LAST NAME

COMPANY

TITLE & CREDENTIALS

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PREFERRED FIRST NAME ON BADGE

SPECIAL ACCOMMODATIONS

Dietary requests or special accommodations:

MEMBERSHIP TYPE

- Fellow Member - Audiologist
- Associate Member - Hearing Instrument Specialist/Other
- Non-Member

REGISTRATION FEES

- 2018 KAA Member \$210
- Non-Member Licensed Professional \$335
- Staff Member (no hours) \$135
- Guest (no course/hours) \$85

Send this form and payment to:

Kentucky Academy of Audiology
446 East High Street, Suite 10, Lexington, KY 40507
Fax: (859) 271-0607 | vyoung@kyaudio.org

List the events that you will be attending:

Thursday, August 2

- Courses
- Dinner
- Happy Hour

Friday, August 3

- Courses
- Breakfast
- Lunch

Are you board certified in Audiology?

- Yes
- No

Payment Information

Balance Due \$ _____

Our check is enclosed
(made payable to KAA).

Please charge this amount \$ _____
to this credit card:

AmEx Visa MasterCard

Card Number _____

Expiration Date _____

Name on Card _____

Signature _____ Date _____