



# 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 \_\_\_\_\_