

**2018 KENTUCKY ACADEMY OF 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, 2018 YOU MUST PAY NON-MEMBER FEE- NO EXCEPTIONS**

Place of Employment \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**ARE YOU BOARD CERTIFIED IN AUDIOLOGY?** YES OR NO **Mandatory for conference updates and handouts**  
 (This is not ASHA CCC-A)

<b>No "One Day" Conference Fees</b>		
Kentucky Audiology Conference	<b>Pre-Registration</b> by July 1st	<b>On-Site</b>
2018 KAA Member by April 1, 2018	\$ 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.		
<b>Total: Check # _____ CC Fee \$8.00 \$ _____</b>		

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

**Thursday** Course \_\_\_\_\_ **Friday** Vendor Reception \_\_\_\_\_ 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](mailto:cjones@kyaudio.org)

NOTE: Refunds minus \$25 processing fee if written notice is received before 7-11-18.