



2019 KAA Conference Registration Form

July 11-12, 2019
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

- Gluten free
- Vegetarian

MEMBERSHIP TYPE

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

REGISTRATION FEES

- 2019 KAA Member \$210
- Non-Member Licensed Professional \$335
- Staff Member (no hours) \$135
- Student \$0
(Valid student ID required upon check in, or full rate will be charged)
- Guest (no course/hours) \$85

*If you were not a member by March 15, 2019 you must pay the non-member fee—no exceptions.
If you choose the membership rate but were not a member by March 15, KAA will invoice you the remaining non-member rate.*

Send this form and payment to:

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

List the events that you will be attending:

Thursday, July 11

- Courses
- Lunch
- Happy Hour Reception

Friday, July 12

- 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 _____