

Central States Conference on Hearing Registration Form

February 6 – 7, 2020
Grand Casino Hotel & Resort
Shawnee, OK

Last Name: _____

First Name: _____

SSN Last 4: _____

Required for CEU Tracking

Company Name: _____

City: _____ State: _____ ZIP: _____

Office Phone: _____ Cell: _____

Email: _____

Please Check One:

- Audiologist
 Hearing Instrument Specialist
 Lic #: _____
 Student
 Other: _____

Packages and Add-ons

New or Renewing OHADA Membership Only _____\$100
Not attending Conference

New or Renewing OHADA Membership + Conference _____\$250
Includes Meals for Two Days

Student Package (includes OHADA Membership) _____\$15
Does NOT include meals – add meal package separately below

Conference Attendance Only (OHADA Member) _____\$150

Conference Attendance Only (Non-Member) _____\$300

Additional Meals One Day \$50
 Two Days \$100

Payment Information

Total Due: \$ _____

Credit / Debit Card (Card No.) _____
 Exp: _____ CVV: _____

Check Enclosed (Check No.) _____

Paypal (Transaction ID) _____