



# Central States Conference on Hearing Registration Form

February 4 -5, 2021  
Grand Casino Hotel & Resort, Shawnee, OK

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN Last 4: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

<input type="checkbox"/>	Audiologist
<input type="checkbox"/>	Hearing Instrument Specialist License # _____
<input type="checkbox"/>	Student
<input type="checkbox"/>	Other: _____

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

<input type="checkbox"/> Membership Only - \$100 <input type="checkbox"/> Membership + Live Conference - \$300 <input type="checkbox"/> Membership + Virtual Conference - \$250 <input type="checkbox"/> Student Membership + Live Conference - \$100 <input type="checkbox"/> Student Membership + Virtual Conference - \$50	<p><i>Live Conference Options include meals for (1) attendee; if additional meals are required, please select below:</i></p> <p style="text-align: center;"><b>Additional Meals</b></p> <input type="checkbox"/> One Day - \$50 <input type="checkbox"/> Two Days - \$100
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**Payment Information**                      **Total: \$** \_\_\_\_\_

Card Number: _____			
Name on Card: _____			
Expiration: _____ / _____	CVV: _____	Billing ZIP: _____	
Check Number: _____	Paypal Transaction ID: _____		

Please make checks payable to **"OHADA"** and mail completed forms to:

**2323 S Sheridan Rd | Tulsa, OK 74129**

Paypal submissions and / or scanned forms should be sent to [admin@ohadaonline.org](mailto:admin@ohadaonline.org)