



Central States Conference on Hearing Registration Form

February 23-24, 2023
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	<i>Live Conference Options include meals for (1) attendee; if additional meals are required, please select below:</i>
<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	
	Additional Meals
	<input type="checkbox"/> One Day - \$50
	<input type="checkbox"/> Two Days - \$100

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