

13th Annual PAA Convention

September 28-30, 2006

Registration Form

These forms may be photocopied

Name _____ Male Female

Preferred Name and credential on Badge: _____

Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (work) _____ Fax _____

Employer/ Company _____

E-Mail _____

REGISTRATION FEES

Note: To qualify for PAA member rates you must be a PAA member for calendar year 2006. **To become a member of PAA please include an additional \$75 for membership dues for calendar year 2006 and mail along with your registration. If you have any questions about membership please call our VP of membership:**

MaryLou Astorino, AuD, FAAA

ENT Associates of Johnstown

321 Main Street, Suite 4F

Johnstown, PA 15901

(814) 536-0401 Fax: (814) 535-5299

marylouaud@aol.com

All three days (September 28-30, 2006)

Includes admission to all sessions, exhibits, and meals

	<u>Before 9/10/06</u>	<u>After 9/10/06</u>	<u>Amount Paid</u>
<input type="radio"/> PAA Member*	\$210	\$240	_____
<input type="radio"/> Non-Member*	\$290	\$320	_____
<input type="radio"/> Student*	\$60	\$90	_____
<input type="radio"/> Social Fee (Spouse/Guest)**	\$95	\$125	_____

If not attending all three days

<input type="radio"/> PAA Member Thursday Only	\$140	\$160	_____
<input type="radio"/> PAA Member Friday Only	\$165	\$185	_____
<input type="radio"/> PAA Member Saturday Only	\$140	\$165	_____
<input type="radio"/> Non-member Thursday Only	\$200	\$220	_____
<input type="radio"/> Non-member Friday Only	\$235	\$255	_____
<input type="radio"/> Non-member Saturday Only	\$200	\$220	_____
<input type="radio"/> I would like to become a member of PAA \$75			_____
		Total Paid	_____

Please let us know if you have any special dietary or disability needs.

The 2006 PAA Convention will be held at the Harrisburg Hilton, One North Second Street, Harrisburg, PA 17101, Tel: (717) 233-6000

PAYMENT

Full payment must accompany this form.

- Check enclosed, made payable to PA Academy of Audiology
- Credit Card: (circle one)
- Visa MasterCard Discover

Cardholder's Name (exactly as it appears on your card)

Card Number

Expiration Date

Cardholder's Signature

Please return registration forms and payment to:

Tammy Bennawit, Au.D., PAA Treasurer
 2229 Dutch Gold Drive, Lancaster, PA 17601
 Phone: 717-290-7700 • Fax 717-290-7702
 E-mail: redrosehearing@aol.com

Cancellation Policy: To be eligible for a refund of meeting registration fees, requests must be received in writing on or before September 15th, 2006. The amount of the refund will be the total amount paid less \$35. If received after September 15th, 2006, NO REFUND will be issued. All approved refunds will be issued after the meeting.

Signature

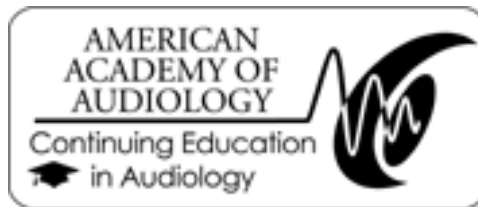
Date

For further information please visit our website or contact:

Kamal A. Elliot, Au.D.,
 VP of Education PAA,
 1555 Highlands Drive, Suite 101, Lititz, PA 17543
 Phone: 717-627-4327 • Fax 717-627-2690
 E-mail kelliot@aeaudiology.org

Continuing Education

PAA is approved by the American Academy of Audiology to offer Academy CEUs for this activity. Academy approval of this continuing education activity does not imply endorsement of course content, specific products, or clinical procedures.



PAA is approved by the International Institute of Hearing Instrument studies (IIHS) to offer credit hours for this activity. IIHS approval of continuing education activity does not imply endorsement of course content, specific products or clinical procedures.

