

# **REGISTRATION FORM**

**PHHA EXAM REVIEW SEMINAR FOR THE STATE FITTERS' EXAMINATION**

**WEDNESDAY, October 22, 2025 at 9:00 AM**

**Location:**

**Hilton Garden Inn Harrisburg East - Hershey**

**3943 Tecport Dr, Harrisburg, PA 17111-1221**

**Phone: 717-909-4663**

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR SPONSOR'S NAME \_\_\_\_\_

YOUR APPRENTICE CERTIFICATE NUMBER \_\_\_\_\_

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\_\_\_\_\_ I am taking the Fitters' Exam for the first time.

\_\_\_\_\_ I am retaking Section(s) Number(s) \_\_\_\_\_.

FEES: I am enclosing the **Registration Fee of \$199.00 per person**. Please use a separate form for EACH person. Photocopies are acceptable.

[You may also Register & Pay by Visa, MasterCard or American Express under the Apprentice page at www.phha.net/apprentices](http://www.phha.net/apprentices)

Credit Card Type \_\_\_\_\_ Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

ZIP Code (Billing ZIP Code) \_\_\_\_\_ (Billing Address Numbers) \_\_\_\_\_

Signature \_\_\_\_\_

Register ONLINE or by MAIL as early as possible, but NO LATER THAN October 17th. Make checks payable to PHHA.

**Mail To: PHHA, P.O. Box 88, Bowmansville, PA 17507-0088**

**Or you can scan this form via email to [info@phha.net](mailto:info@phha.net)**

**You may also REGISTER ONLINE at [www.phha.net/apprentices](http://www.phha.net/apprentices)**

**Only cash payments will be accepted on the date of the Exam Review Seminar**

**NOTE: This is NOT the Examination offered by the PA Dept. of Health, Hearing Aid Program and is an Exam Review class sponsored by the Pennsylvania Hearing Healthcare Association. You must register to take the State Exam separately with the PA Dept. of Health Hearing Program.**