

REGISTRATION FORM

PHHA EXAM REVIEW SEMINAR FOR THE STATE FITTERS' EXAMINATION

Thursday, October 29, 2026 @ 9am

Location:

**The Courtyard by Marriott Harrisburg/Hershey
725 Eisenhower Boulevard Harrisburg, PA 17111
Phone: 717-558-8544**

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 _____

_____ I am taking the Fitters' Exam for the first time.

_____ I am retaking Section(s) Number(s) _____.

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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

You may also REGISTER ONLINE at 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.