



HHCANY 79th Conference & Trade Show Attendee Registration
May 4-5, 2026
The Saratoga Hilton
534 Broadway, Saratoga Springs, NY 12866

Attendee Information

Full Name: _____ Badge First Name: _____
 NYS Registration #: 1400000-_____ Expiration Date: _____
 Spouse/Companion Name (if attending): _____ Badge First Name: _____
 Firm/Organization Name: _____
 Mailing Address: _____ City: _____ State: ___ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Profession Classification

Hearing Aid Dispenser Audiologist ENT Student Staff

Education and Credentials

Degree(s): MS MA PhD AuD Other: _____
 Certifications: BC-HIS (SS# --____) ACA CCC-A F-AAA Other: _____
 2026 HHCANY Member? Yes No
 Other State Association Memberships (if applicable): _____

Continuing Education Information

CE Credits Requested: NBC-HIS/IIHIS ASHA AAA Other: _____
 Professional Memberships: IHS ASHA AAA ADA NYSSHLA Other: _____

Accessibility, Sensory, or Dietary Accommodations (Requests Must Be Submitted by April 7)

Dietary Restrictions (vegan, kosher, gluten-free, lactose-free): _____
 HDCP Access Telecoil Vision-Impaired Seating Other: _____

Saratoga Hilton Hotel Information

Hotel reservations are the responsibility of the attendee.
 Special HHCANY Room Block (Registered Attendees Only): <https://book.passkey.com/go/HHCANY2026>
Hotel Reservation Deadline: April 7, 2026

Registration Fees – Registration Deadline is April 20, 2026

Rates determined by date of receipt with full payment. Member rates apply to 2026 HHCANY members in good standing at the time of registration and / or IHS members of another state's IHS Chapter (indicate which state; NOT New York)

Registration Category	Fee
____ HHCANY Members and IHS Members of ANOTHER State Chapter (which State's Chapter are you a member of? _____)	\$300
____ Non-members	\$500
____ Spouse/Student/Non-Dispensing Staff	\$125

Total Amount Enclosed: \$ _____

Payment & Submission

- Check may be made payable to HHCANY, Inc.
- Credit card payments may be submitted via the online registration at www.hhcany.org
- Mail registration and payment to:
 Hearing Health Care Alliance of New York, Inc.
 130 Washington Avenue, 3rd Floor N., Suite A
 Albany, NY 12210

Questions? Email: hhcany@hhcany.org