Fall Research Forum/ Seminars in Hearing 2025

REGISTRATION FORM

Please Print Legibly

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE NAME OR Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*EMAIL ADDRESS:REQUIRED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AU#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CHOOSE ONE OPTION: (CIRCLE ONE OPTION)

1. Option #1 Full 12 Hour Course (12 HADEC CEUs or 12 SLB CEUS/6 Hearing Aid and 6 Diagnostic Hours) Friday and Saturday Attendance required .... $285.00

2. Option #2 9 Hour Course (9 HADEC hours or 9 SLB Hours) Saturday all day

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3. Option #3 3 Hour Course (3 CEUs) Friday Attendance only ……………………………………………………………………............................................$100.00

Amount Enclosed\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Mail Registration Form and Payment to:

Seminars in Hearing

P.O. Box 221346

Newhall, CA 91322