

KHS 2025 Conference

March 6 & March 7, 2025

Hilton Garden Inn, Topeka, Ks.

To AI or Not to AI That is The Question

KHS

This is a premier conference for:

Audiologists in all work settings

Hearing Instrument Specialists

Audiology Students

Presentations are designed to provide attendees with information that is relevant and useful on a daily basis.

CEU's are approved by the Kansas Board of Hearing Aid Examiners & Kansas Dept. of Aging & Disabilities for audiologists And from the International Hearing Society.

Why You Should Attend:

Convenience for obtaining CEU's

New Information on important Topics you can implement in Your practice.

Visit Our Exhibitors and enjoy the Thursday evening cocktail hour & Participate in the Hearing Auction

Kansas Hearing Society, Inc.
A professional Society of Licensed Dispensing Audiologists & Hearing Instrument Specialists
Dedicated to Providing Quality Hearing Health Care

kansashearingsociety.org/edu

Check your selection below:

*A voluntary donation box is included below
Please donate generously for this conference*

Members – Voting and Affiliate

- Renewing and Attending Conference \$325*
- Renewing and Not Attending Conference 75
- Reactivate Membership & Attending 335
- Joining KHS (Includes Conference fee) 350

Members – Licensed Exempt Dispensing Audiologists

(Working Only For Any Government Agency)

- Renewing and Attending Conference \$150*
- Renewing and Not Attending Conference 75
- Reactivate Membership & Attending 185
- Joining KHS (Includes Conference fee) 200

Non-Member

- Conference Attendance \$375*
- Joining KHS (Includes Conference fee) 350
- Audiology Student – Not Licensed 0
- voluntary donation** _____

Total Amount \$ _____



**Hilton Garden Inn, Topeka, Ks.
1351 Sw Arvon Plaza, Topeka, Ks.
PHONE: (785) 221-9943
Ask for KHS Room Rate \$117.00**

**Kansas Hearing Society, Inc.
2812 E. Menlo
Wichita, Kansas 67211 –3808**

Business Name: _____

Fax to: (316) 928-2068

Mail to: Kansas Hearing Society

2812 E. Menlo, Wichita, KS 67211

Date: _____

Paid by Check # _____

Last 4 of SS: _____

Paid by Credit Card (Check type)

VISA MASTERCARD DISCOVER

(Please add \$10.00 for processing fee if paying by credit card)

CC# _____ - _____ - _____ - _____

Expiration Date (MM/YY) ____ - ____ **CVC** _____

Please complete all fields below including preferred email

Name on Card: _____

Business Name: _____

Address For the Credit Card:

Phone # : _____

Email: _____