



2024 Kansas Hearing Society Save-the-Date & Early Registration

Spring Conference Dates: February 29th & March 1st, 2024

LOCATION: Drury Plaza Hotel, Wichita, Kansas

DYNAMIC PRACTICES: Knowledge for 2024 & Beyond

Outstanding Speakers include: Doug Beck, Au.D., Joseph Sakumura, Au.D.; Janie York, B.C.-H.I.S. & Laura McKinney, B.C.-H.I.S.

Cocktail Hour & View Exhibits & Auction Items

Manufacturer/Audience Interactive Session

Easy Reservations: (316) 262-5000

Ask for the KHS Rates Group #: 10059881

Room includes: breakfast, free wifi and cocktail hour

1st Person to submit this form receives \$50 cash-for-gas!



Check your selection below

A voluntary donation box is included with your registration-form below.

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 60
- Reactivate Membership & Attending 195
- Joining KHS (Includes Conference fee) 200

Non-Member

- Conference Attendance \$375*
- Joining KHS (Includes Conference fee) 350
- Audiology Student – Not Licensed 0
- Extra Friday Luncheon Ticket \$25
- Request a Vegetarian Lunch

*** Add \$50 if paying after Feb. 25,**

voluntary donation

Total Amount \$ _____

Fax to: (316) 928-2068
Mail to: Kansas Hearing Society
2812 E. Menlo, Wichita, KS 67211

Date: _____

Paid by Check # _____

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) ____ - ____ 3 digit Security code _____

Please complete all fields below including preferred e-mail

**** If you are an IHS member then include last 4 of social security #:**

Signature _____

Print Name _____

E-Mail _____

Last 4 of SS #: _____

Business Name _____

Address _____

City, State, Zip _____

Business Phone _____ Fax _____