



SAVE-THE-DATE

2025 EARLY REGISTRATION FORM

Spring Conference Dates: March 6th & March 7th, 2025

Location: Hilton Garden Inn, 1351 SW Arvonla Pl, Topeka, Ks.

RESERVATIONS: (785) 350-2069 ASK for: KHS ROOM RATE: \$117.00

“To AI or Not to AI – That is The Question”

Manufacturer/Audience Interactive Session, Auction & Cocktail Hour

**Plan for a great learning opportunity with
Brain Taylor, Au.D., Signia; Laura McKinney, B.C. – H.I.S.,
Robert Cullen, M.D., Midwest Ear Institute and More!
1st person to submit this form will receive \$50 Cash for Gas**

A voluntary donation box is included 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 Indicate# _____

*** Add \$50 if paying after Feb. 25, 2025**

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 email

****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 _____