



KHS

## 2026 Kansas Hearing Society Save-the-Date & Early Registration

Spring Conference Dates: March 5<sup>th</sup> & March 6<sup>th</sup>, 2026

**NEW LOCATION: HYATT REGENCY,**

400 W. Waterman Wichita, Kansas 67202



### **TITLE: What's Under the Hood, AI?..**

Dynamic Speakers, including Stelios Dokianakis, Au.D., Holland Doctors of Audiology

Diana Ackerman, Au.D., WSA Audiology, & more!

Cocktail Hour & View Exhibits & Auction Items

Manufacturer/Audience Interactive Session



**Easy Reservations: (316) 392-6028 & ask for KHS Rm Rates \$149.00**

Room includes: breakfast, free Wi-Fi.

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 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 \_\_\_\_\_