

HHCANY 78th CONFERENCE AND TRADE SHOW REGISTRATION
JUNE 16 and 17, 2025
The Saratoga Hilton
534 Broadway, Saratoga Springs, NY 12866

NAME(FULL): _____ BADGE NAME _____
Spouse/Companion: _____ Badge Name: _____
FIRM NAME: _____
MAILING ADDRESS: _____
TELEPHONE _____ CELL _____ E-MAIL _____
**NYS REGISTRATION NUMBER: 14000---- Expiration Date: _____
____ HEARING AID DISPENSER ____ AUDIOLOGIST ____ ENT ____ Student ____ Staff ____ Guest

I Hold: M.S. ____ M.A. ____ Ph.D. ____ Au. D ____ Other: _____
BC-HIS ____ (SS# _____) ACA ____ CCC-A ____ F-AAA ____ Other: _____
HHCANY Member? ____ Other State Association: _____
Do You Need CE Credits for: NBC-HIS/IHHS: ____ ASHA: ____ AAA: ____ Other: _____
Member of: IHS: ____ ASHA: ____ AAA: ____ ADA: ____ NYSSHIA: ____ Other: _____

Special Needs? Please let us know by June 1st: (ie: Vegan, Kosher, Gluten, Lactose) _____
HDCP Access ____ Telecoil ____ Vision Impairment Seating ____ Other: _____

SARATOGA HILTON HOTEL RESERVATIONS ARE THE RESPONSIBILITY OF THE ATTENDEE.
REGISTERED ATTENDEES ARE ENTITLED TO THE SPECIAL ROOM BLOCK RESERVATIONS AT:

<https://book.passkey.com/go/HHCANY2025>

Reservations Must be Made by the Cut-Off Date of May 15

Full Registration Fees include access to all 2025 courses and receipt of Continuing Education Credits. **HHCANY Member-Only FEES** are available to **HHCANY 2025 MEMBERS IN GOOD STANDING**, and those out-of-state dispensers who are members of their State's **IHS CHAPTER** Association. **NEW MEMBERS** and **Non-Renewed HHCANY** Members are eligible for **2025 EARLY BIRD** Members Discounted Fees, only if their 2025 Membership Dues have been paid or are included with their 2025 Conference Registration.

EARLY BIRD 2025 CE PROGRAM AND CONFERENCE REGISTRATION
Rates determined by date of receipt of Registration WITH FULL PAYMENT OF FEE

	<u>Rec'd by 4/20/25</u>	<u>Rec'd by 5/20/25</u>	<u>Rec'd by 6/01/25</u>	<u>After 6/1 & OnSite</u>
<u>2025 MEMBERS OF HHCANY or</u> <u>IHS STATE CHAPTER</u>	<u>____ \$300.00</u>	<u>____ \$350.00</u>	<u>____ \$400.00</u>	<u>____ \$475</u>
<u>NON-MEMBERS</u>	<u>____ \$400.00</u>	<u>____ \$450.00</u>	<u>____ \$500.00</u>	<u>____ \$575</u>
<u>SPOUSE, STUDENT, AND NON-DISPENSING STAFF:</u> <u>____ \$125.00 Each</u>				
Total Conference Registration Fees Enclosed:				<u>____ \$</u>

Please complete this form and return it with payment **BY CHECK ONLY** (payable to **HHCANY, Inc.**) to:

Hearing Health Care Alliance of New York, Inc.

130 Washington Avenue, 3rd Floor N., Suite A, Albany, NY 12210

QUESTIONS? Email us at HHCANY@HHCANY.ORG

3/28/25