

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/IIHIS: ___ ASHA: ___ AAA: ___ Other: _____

Member of: IHS: ___ ASHA: ___ AAA: ___ ADA: ___ NYSSHLA: ___ 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>

SPOUSE, STUDENT, AND NON-DISPENSING STAFF: ___\$125.00 Each

Total Conference Registration Fees Enclosed: \$ _____

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