



Indiana Hearing Aid Alliance

2021 Spring Conference

Registration Form

7 CE will be available.

Name: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

Email _____

Licenses Number _____ State _____

Last 4 of Social _____

___ **IHAA Member In-Person or Virtual \$125** Includes Friday evening and Saturday conference

___ **Non- Member In-Person or Virtual \$200** Includes Friday evening and Saturday conference.

___ **Guest NO CE given \$50** Includes Friday evening and Saturday conference.

___ **New Members special \$150** - This would normally cost \$500 but by taking advantage of our new member special your cost is \$150. This includes remainder of 2021 membership, fall conference and 2022 membership. Please take advantage of this savings to see what we offer you professionally.

Total Due \$ _____ Attending in-person _____ Attending Virtual _____

Please register by May 4, 2021

Mail to Karin Schmidt 2003 Hart Street Vincennes, IN 47591 or register at Indianahearingaidalliance.com

Email to kschmidt.1167@yahoo.com or Fax to 812-882-7073

Payment Method			
MC/Visa#:	Exp.	CVV Code	Billing Zip:
Check# (payable to IHAA):	Amount:	CC Signature:	