



12th Annual Convention September 22-24, 2005

**Penn Stater Conference Center and Hotel
Penn State, PA**

Registration Form

Name _____ Male Female
 Preferred Name and credential on Badge: _____
 Address _____ City _____ State _____ Zip _____
 Phone (home) _____ (work) _____ Fax _____
 Employer/ Company _____ E-Mail _____

REGISTRATION FEES

Note: To qualify for PAA member rates you must be a PAA member for calendar year 2005. If you would like to become a member of PAA please include an additional \$50 for membership dues for calendar year 2005 and mail with your registration.

All three days (September 22-24, 2005)

	<u>Before 9/01/05</u>	<u>After 9/01/05</u>	<u>Amount Paid</u>
<input type="radio"/> PAA Member*	\$190	\$220	_____
<input type="radio"/> Non-Member*	\$270	\$300	_____
<input type="radio"/> Student*	\$80	\$90	_____
<input type="radio"/> Social Fee (Spouse/Guest)**	\$95	\$95	_____

If not attending all three days

<input type="radio"/> PAA Member Thursday Only	\$130	\$150	_____
<input type="radio"/> PAA Member Friday Only	\$155	\$175	_____
<input type="radio"/> PAA Member Saturday Only	\$130	\$155	_____
<input type="radio"/> Non-member Thursday Only	\$190	\$210	_____
<input type="radio"/> Non-member Friday Only	\$225	\$245	_____
<input type="radio"/> Non-member Saturday Only	\$190	\$210	_____
<input type="radio"/> I would like to become a member of PAA		\$50	_____
		Total Paid	_____

Michael Phillips of Unitron will be giving a special presentation on Hearing Aid Modifications (please refer to convention program for further details on this session). This session is limited to the first 60 registrants.

- Yes, I would like to attend this session. No, I do not wish to attend.

* Includes all meetings, meals, banquet and exhibits

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PAYMENT

Full payment must accompany this form.

- Check enclosed, made payable to PAA
- Credit Card: (circle one)
- Visa MasterCard Discover

Cardholder's Name (as it appears on your card) _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____ Today's Date _____

Please return registration forms and payment to:

Tammy Bennawit, Au.D., PAA Treasurer
2229 Dutch Gold Drive, Lancaster, PA 17601
Phone: 717-290-7700 • Fax 717-290-7702

Cancellation Policy: To be eligible for a refund of meeting registration fees, requests must be received in writing on or before September 8th, 2005. The amount of the refund will be the total amount paid less \$35. If received after September 8th, 2005 NO REFUND will be issued. All approved refunds will be issued after the meeting.

For convention information please visit our website at

www.paaudiology.org

or contact:

Kamal A. Elliot, Au.D., VP of Education PAA,
100 Highlands Drive, Suite 201, Lititz, PA 17543
Phone: 717-627-4327 • Fax 717-627-2690 Email dweaver@aeaudiology.org