

HEARING SCREENING COURSE LEVEL 1

Lawrence, Kansas

October 8 & 9, 2009

REGISTRATION FORM

Please print

Name as it appears on license _____

Professional Title: RN _____ LPN _____ Other _____

License Number _____

Home address: _____
(street) (city) (state) (zip)

Employing Agency: _____

Work Address: _____
(street) (city) (state) (zip)

Ages of children served _____

Sponsoring Audiologist (if applicable) _____

E-mail: _____

Home phone: _____ Work phone: _____

Current level of training _____

Date of initial training _____ Date of last renewal _____

Registering for (*please check one*): Initial training - \$120.00 (October 8 & 9)

Renewal - \$100.00 (October 8)

Make checks payable to KUMC AHEC and mail registration, along with payment, to:
KUMC AHEC East, PO Box 296, Pittsburg, Kansas 66762-0296.

Payment, or copy of purchase order, must be received to be considered preregistered.

The AHEC must receive your registration and payment by October 1, 2009.

Questions? Contact AHEC East
Phone 620-235-4040 or Fax 620-235-4041