

# HEARING SCREENING COURSE LEVEL 1

Lawrence, Kansas

October 16 & 17, 2008

## 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 16 & 17)

Renewal - \$100.00 (October 16)

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 9, 2008.***

Online credit card registration is available at: <http://kuahec.kumc.edu/hearing>

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