

HEARING SCREENING COURSE LEVEL 1

Lawrence, Kansas

August 28 & 29, 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 (August 28 & 29)

Renewal - \$100.00 (August 28)

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 August 21, 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