

HEARING SCREENING COURSE LEVEL 2

Lawrence, Kansas • September 4 & 5, 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 (September 4 & 5)

Renewal - \$100.00 (September 4)

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 28, 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