

HEARING SCREENING COURSE LEVEL 2

Lawrence, Kansas • March 4 & 5, 2010

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 (March 4 & 5)

Renewal - \$100.00 (March 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 February 25, 2010!

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