



VIRTUAL APRIL 14-16

Registration Form

By completing this form, the registrant agrees to be bound by the AAA 2021 policies found at www.aaaconference.org.

Cancellations must be received in writing via email to aaainfo@audiology.org no later than March 15, 2021, to receive a refund less a 25 percent administrative fee. No refunds will be issued for requests after March 15.

Mail:
American Academy of Audiology
11480 Commerce Park Drive
Suite 220
Reston, VA 20191



Contact Information

Dr. Mr. Ms.

FIRST NAME _____ LAST NAME _____ CREDENTIAL(S) _____ ACADEMY ID _____

COMPANY NAME (IF PROVIDING WORK ADDRESS) _____

ADDRESS _____

ADDRESS (LINE 2) _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

TELEPHONE _____ EMAIL _____

Fees

<p>Registration Types</p> <p><input type="checkbox"/> Academy Member: \$299</p> <p><input type="checkbox"/> Student Academy of Audiology (SAA) Member: \$35</p> <p><input type="checkbox"/> Nonmember: \$399</p> <p>GRAND TOTAL (USD) \$ _____</p>	<p>Add-On Events</p> <p>Trivia Night—AAA Foundation “FUN-raiser” Wednesday, April 14, 2021 <input type="checkbox"/> Member: \$40 <input type="checkbox"/> Nonmember: \$40 <input type="checkbox"/> Student: \$20</p> <p><input type="checkbox"/> PAC Winetasting Event <i>(For Academy and SAA Members Only)</i> Thursday, April 15, 2021: \$50</p>
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CEU Reporting Information*

To report CEUs to ASHA please provide **ASHA ID#** _____

To report CEUs to CE Broker please provide **State Abbreviation/License #** _____

To report CEUs to IHS please provide **IHS ID #** (last 4 digits of US SSN or Canadian SIN) _____

*Academy CEUs for eligible attendees will be recorded on the Academy transcript.

Tell Us About You

<p>What are your specialties? (Select one.)</p> <p><input type="checkbox"/> Diagnostics</p> <p><input type="checkbox"/> Disorders</p> <p><input type="checkbox"/> Hearing Loss Prevention</p> <p><input type="checkbox"/> Hearing and Balance Sciences</p> <p><input type="checkbox"/> Professional Issues</p> <p>and Practice Management</p> <p><input type="checkbox"/> Treatment</p> <p><input type="checkbox"/> Current Student</p>	<p>Primary work setting? (Select one.)</p> <p><input type="checkbox"/> Corporate Audiology Group Practice</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Private Practice Employee</p> <p><input type="checkbox"/> Private Practice Owner</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Veterans Administration</p> <p><input type="checkbox"/> Clinic</p>	<p><input type="checkbox"/> College and University</p> <p><input type="checkbox"/> ENT/Physician’s Office</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Manufacturer</p> <p><input type="checkbox"/> Primary/Secondary School</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Student</p>
<p>Number of Years in Practice (Select one.)</p> <p><input type="checkbox"/> 1-5 <input type="checkbox"/> 16-20 <input type="checkbox"/> Student</p> <p><input type="checkbox"/> 6-10 <input type="checkbox"/> 21-25</p> <p><input type="checkbox"/> 11-15 <input type="checkbox"/> 25+</p>	<p>What is your ability to influence purchasing decisions? (Select one.)</p> <p><input type="checkbox"/> Final Decision Maker <input type="checkbox"/> No Influence</p> <p><input type="checkbox"/> Make Recommendations <input type="checkbox"/> Influence the final decision maker</p>	

Do you have any ADA requests? If Yes, list below.

Payment Information

Payment Method*

Check enclosed payable to *American Academy of Audiology Inc.*

***VISIT www.aaaconference.org, and navigate to the registration page to pay online with a credit card. Or CALL the meetings department at 800-222-2336 or 703-790-8466.**