



2010 REGISTRATION

Please use one form per person. Photocopy this form for additional registrants.

(PLEASE PRINT)

FIRST NAME _____ LAST NAME _____

COMPANY/ORGANIZATION _____ JOB TITLE _____

FIRST NAME as it would appear on badge _____

STREET ADDRESS _____

CITY, STATE/PROVINCE _____ COUNTRY, ZIP/POSTAL CODE _____

PHONE _____ FAX _____

EMAIL _____

Check enclosed, payable to International Hearing Society

MasterCard Visa American Express

CARD NUMBER _____ EXP. DATE _____

C.C. SECURITY CODE _____ SIGNATURE _____

SELECT YOUR OPTION(S) THROUGH JULY 15 STARTING JULY 16

PREMIER PACKAGE: *Includes all convention activities.*

MEMBER \$399 \$459 \$ _____

NON-MEMBER \$449 \$509 \$ _____

EVENTS PACKAGE: *Includes everything but seminars.*

MEMBER & NON-MEMBER \$299 \$359 \$ _____

THURSDAY ONLY PACKAGE: *Includes all events on this day.*

MEMBER \$150 \$175 \$ _____

NON-MEMBER \$185 \$210 \$ _____

FRIDAY ONLY PACKAGE: *Includes all events on this day.*

MEMBER \$150 \$175 \$ _____

NON-MEMBER \$185 \$210 \$ _____

SATURDAY ONLY PACKAGE: *Includes all events on this day—Grand Finale too!*

MEMBER \$150 \$175 \$ _____

NON-MEMBER \$185 \$210 \$ _____

EXHIBIT ATTENDEE PACKAGE: *Includes activities in exhibit hall on Friday and Saturday.*

MEMBER & NON-MEMBER..... \$50 \$50 \$ _____

GRAND FINALE (*A la carte*)

MEMBER & NON-MEMBER..... \$50 \$65 \$ _____

TOTAL AMOUNT \$ _____

**Register online at www.ihinfo.org/convention
or mail/fax registration form with payment to:**

International Hearing Society ■ 16880 Middlebelt Rd., Ste. 4 ■ Livonia, MI 48154
Fax: 734.522.0200 ■ Phone: 734.522.7200

Please send me information on becoming an IHS member.

I am interested in a golf outing.