

Registration Form

2004 MICHIGAN EARLY HEARING INTERVENTIONISTS/PARENTS CONFERENCE

Please complete one form per registrant - make copies as needed

Name _____
Title _____
Agency _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Fax (____) _____
Email _____

FEES

- I am a parent with a child with hearing loss, **\$30** registration fee
- Family (2 persons) of a child with hearing loss, **\$50** registration fee. *(For each additional person, \$20.00 fee.)*
- I work with individuals with hearing loss, **\$75** registration fee.

Total Fee _____

PAYMENT METHODS

- Payment Enclosed
 - I will pay at the conference (February 6)
- (Payments must be received in advance of the conference or on the day of)*

Written cancellations are due 5 business days before the conference for a full refund. Please email or fax to: cdoerfle@mphi.org or (517) 324-6080. Cancellations received after January 30 are subject to the full conference fee.

SPECIAL NEEDS

- I require a Vegetarian meal
- Other special needs _____
- Interpreter (kind) _____
- Assistive Listening Device Needed (kind) _____

CONCURRENT SESSION - SELECTIONS

- Attending A1 Second choice: _____
- Attending A2 Second choice: _____
- Attending A3 Second choice: _____

Please send completed registration form with check, payable to:

Michigan Public Health Institute
Center for Collaborative Research in Health Outcomes & Policy
2436 Woodlake Circle, Suite 380
Okemos, MI 48864
Phone: (517) 324-8330

Registrations may also be faxed to Cara Doerfler, FAX: (517) 324-6080

Register by January 16, 2004