ORDER FORM

CONSUMER’S GUIDE TO HEARING AIDS

BILL TO:
(If credit card, billing address must match)

____________________ __________________________________________
NAME

____________________ __________________________________________
STREET ADDRESS

____________________ __________________________________________
CITY | STATE | ZIP

PHONE #: __________________________

SHIP TO OR SAME AS BILL TO □

____________________ __________________________________________
NAME

____________________ __________________________________________
STREET ADDRESS

____________________ __________________________________________
CITY | STATE | ZIP

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE*</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Consumer’s Guide to Hearing Aids</td>
<td>US$15.00</td>
<td></td>
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<td>2019</td>
<td>Consumer’s Guide to Hearing Aids</td>
<td>US$18.00</td>
<td></td>
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<td>*Shipping and handling included</td>
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<tr>
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<td>TOTAL DUE</td>
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Payment Method
Check Payable to HLAA and mailed to: Hearing Loss Association of America
7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814

Credit Card – please check one:
☐ American Express ☐ Discover Card ☐ Master Card ☐ VISA

PLEASE PRINT CLEARLY

Name as it appears on credit card (print) | Expiration Date (MM/YY)
-----------------------------------------|----------------------
Account # | CVV | CSC | SIC | Code
Signature

OFFICE USE ONLY
Order Taken By | Date | Method
-----------------|------|------
Order mailed: | By: