

Attendee Name(s)

**STATE/CHAPTER LEADER, DELEGATE REGISTRATION**

**What does a State/Chapter Leader and Delegate General Package include?**

* Exhibit Hall Grand Opening, Thursday morning, June 18
* Opening Session, Thursday evening, June 18
* Research Symposium, *The Latest on Tinnitus Research,* Friday morning, June 19
* Get Acquainted Party (GAP) – Off-site Event, Friday evening, June 19
* HLAA2020 Convention Walk4Hearing, Saturday morning, June 20
* Awards Ceremony and Reception, Saturday evening, June 20
* Unlimited entry to Exhibit Hall and Socials
* All workshops, demo presentations and featured speakers

**Up to four state/chapter leaders and one delegate per chapter/state may register using this form.**

**Early Bird Discounted Rate**

**Deadline April 30, 2020**

🖵 State Leader $125

🖵 State Chapter Coordinator $125

🖵 Chapter Leader $125

🖵 Delegate $125

**Regular Rate**

**Deadline April 30, 2020**

After 4.30.20 use regular attendee registration form

(regular registration rates apply.)

|  |  |
| --- | --- |
| **Full Name of State Organization or Chapter** | **Role** |
|  |  |

**Registration Package Total $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please RSVP for events included in General Package:**

**Free!**

**Free!**

**Get Acquainted Party (GAP) / Off-site Event**

***An Evening in the Big Easy!***

**Friday, June 19**

🖵 Yes # of Tickets:

🖵 No

**Awards Ceremony and Reception**

**Saturday, June 20**

🖵 Yes # of Tickets:

🖵 No

**Those who are not registered for the convention and wish to attend the above special events:**

**Additional tickets:**

 **Get Acquainted Party: #tickets \_\_\_\_\_\_ @ $30/per person = $**

 **Awards Ceremony and Reception: # tickets \_\_\_\_\_\_ @ $30/per person = $**

 **Tickets Total: $\_\_\_\_\_\_\_\_\_\_**

**Dietary Needs:**

Primary Attendee: 🖵 Vegetarian 🖵 Low Sodium 🖵 Diabetic 🖵 Gluten Free

Second Attendee: 🖵 Vegetarian 🖵 Low Sodium 🖵 Diabetic 🖵 Gluten Free

**Are you a young adult (ages 18-30)? Are you a Veteran? Membership for *NEW* Veteran Members**

🖵 Yes 🖵 No 🖵 Yes 🖵 No 🖵 COMPLIMENTARY one-year Regular and Lifetime Digital Membership

**Communication Access at HLAA2020**

HLAA will continue to employ realtime captioning during every plenary session and workshop in addition to hearing loops
in all rooms. Sign language interpretation is available during plenary sessions and **by request** for workshops. All requests must be sent to convention@hearingloss.org by **May 22, 2020.** Please see the Convention page for more information.

**Annual Membership Options** 🖵 New🖵 Renewal

🖵 Individual $45 🖵 Couple/Family $55 🖵 Professional $80 🖵 Nonprofit $80

🖵 Individual $35 **(digital only)** 🖵 Student $25 **(digital only/enclose copy of student I.D.)**

|  |  |
| --- | --- |
| **Membership total****Would you like to make a contribution?** Contributions help support the information, education, support, and advocacy efforts of HLAA throughout the year. Donors who contribute to the Convention will be listed in the *Convention Program & Exhibit Guide* if received by April 15, 2020. | $ |
| **Registration total** | $ |
| **Tickets total** | $ |
| **Contribution** | $ |
| **PAYMENT TOTAL** | $ |

|  |
| --- |
| **Registration Information (please type or print clearly)** |
| Primary Registrant (Name as it will appear on badge) | Secondary Registrant (Name as it will appear on badge) |
|  |  |
| Address | City | State | Zip |
|  |  |  |  |
| Email | Phone / Cell Number |
|  |  |
| **Payment Information** |
| Check: make payable to *Hearing Loss Association of America* |
| Credit Card: 🖵 American Express 🖵 Discover 🖵 Master Card 🖵 Visa |
| Card Number | Expiration Date MM/YY | Security Code |
|  |  |  |
| Cardholder’s Name | Cardholder’s Signature |
|  |  |
| Address | City | State | Zip |
|  |  |  |  |
| **Billing Address (must be associated with credit card used)** |

**CANCELLATION POLICY**

The following policy applies to refunds of registration fees:

* Cancellation on/or before **March 2, 2020:** Refund = full amount of registration fees and event tickets less a $50 cancellation fee.
* Cancellation between **March 2 and April 30, 2020:** Refund = 75% of registration fees and event tickets.
* Cancellation between **May 1 and May 22, 2020:** Refund = 50% of registration fees and event tickets.
* **No refunds will be honored after May 22, 2020.**
**Cancellation must be received in writing.**
* Cancellation date will be determined by USPS postmark or email receipt date.

**Mail form and payment to:**

Hearing Loss Association of America

7910 Woodmont Avenue, Suite 1200

Bethesda, MD 20814

**Or fax form to:**

301.913.9413

**Questions? Call or email us at:**

convention@hearingloss.org

**Phone** 301.657.2248