



**HLAA2019 Research Symposium & Exhibit Hall ONLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**REGISTRATION**

I am attending only the Research Symposium: *The Latest on Genetics and Hearing Loss Friday, June 21 (this fee includes unlimited entry to the Exhibit Hall)* \$30 x \_\_\_\_ \$ \_\_\_\_\_

I would like to attend the entire Convention (Please use the regular [registration form.](#))

**ADDITIONAL EVENTS TICKET**

(\*These events are not included in the registration fee.)

**State and Chapter Awards Reception & Ceremony (Wednesday, June 19)** \$20 x \_\_\_\_ \$ \_\_\_\_\_

**FRIDAY, JUNE 21 – Light Fare Included**  
*Night at the Museum*

Number of tickets \_\_\_\_\_ @\$45 = \$ \_\_\_\_\_

**SATURDAY, JUNE 22 – Dinner Included**  
*Cheers to 40 Years! HLAA Anniversary Celebration and National Awards Gala*

Number of tickets \_\_\_\_\_ @\$75 = \$ \_\_\_\_\_

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

**Dietary Needs:**

- Vegetarian     Low Sodium     Diabetic     Gluten Free

**RSVP for Special Event:**

**Get Acquainted Party** Thursday, June 20  YES  NO

**Is it time to renew your yearly HLAA membership?**

- Membership:     New     Renewal
- Individual – \$35/year     Couple/Family – \$45/year     Professional – \$60/year

### 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 30, 2019.

**Registration Total** \$ \_\_\_\_\_  
**Tickets Total** \$ \_\_\_\_\_  
**Membership Total** \$ \_\_\_\_\_  
**Contribution** \$ \_\_\_\_\_  
**Payment Total** \$ \_\_\_\_\_

### Payment Information

**Check** (*Payable to Hearing Loss Association of America*)

**Credit Card:**  Visa  MC  AMEX  Discover

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Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

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Billing Address (if different from address on other side.) \_\_\_\_\_

### Mail form and payment to:

Hearing Loss Association of America  
7910 Woodmont Avenue, Suite 1200  
Bethesda, MD 20814

### OR Fax your form to:

301.913.9413

### OR Email to

[convention@hearingloss.org](mailto:convention@hearingloss.org)

### Questions?

**Call:** 301.657.2248

Please see [hearingloss.org](http://hearingloss.org) for news and updates as well as the Code of Conduct policy.

### CANCELLATION POLICY

The following policy applies to refunds of registration fees:

- ♦ Cancellation between **March 1 and April 30, 2019:** Refund = 75% of registration fees and event tickets.
- ♦ Cancellation between **May 1 and May 31, 2019:** Refund = 50% of registration fees and event tickets.
- ♦ **No refunds will be made after May 31, 2019.** Cancellation must be received in writing.
- ♦ Cancellation date will be determined by USPS postmark or email receipt date.