**ALABAMA ACADEMY OF AUDIOLOGY**

**ALAA**

ALAA Annual Convention at the Sandestin Hilton Beach Golf Resort & Spa, Sandestin, FL.

Thursday, October 5th – Friday, October 6th, 2017

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Practice or Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABESPA # \_\_\_\_\_\_\_\_\_\_\_\_\_ AAA# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Convention Fees**

**Early Registration** (before September 1, 2017) for both days: $275 \_\_\_\_\_ 1 day only: $150 per day \_\_\_\_\_

Please indicate the day(s) that you will be attending: Thurs.\_\_\_\_\_ Fri. \_\_\_\_\_

**Late Registration** (after September 1, 2017) for both days: $300 \_\_\_\_\_ 1 day only: $160 per day \_\_\_\_\_

Please indicate the day(s) that you will be attending: Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

**Spouse/Guest** (social events, breakfast, breaks): $60 \_\_\_\_\_ includes both days

**Students will be granted special registration fees:**  Both days: $30\_\_\_\_\_ One day only: $15 \_\_\_\_\_

**ALAA MEMBERSHIP** (ALAA annual membership dues are included with full convention registration)

Optional membership dues for those not attending or attending one day sessions only is $40.

**METHOD OF PAYMENT:** (circle one) **Cash Check MasterCard Visa Total Amount: \_\_\_\_\_\_\_\_**

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Charge Amount $ \_\_\_\_\_\_\_\_\_

Billing Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE SEND THE COMPLETED REGISTRATION FORM AND PAYMENT TO:**

**BRITIANY PIERSON, AU.D. 1846 Edgehill Drive, Hueytown, AL. 35023**

The Alabama Academy of Audiology is committed to providing equal access to the Academy’s activities, programs, and services under the American’s With Disabilities Act and will reasonably ensure accommodations to enable such access. Anyone needing special accommodations please contact Bobby McClung, Au.D. Convention Chair. Email bobby\_mcclung@outlook.com