The 15th Annual Florida Academy of Audiology Convention

Thursday, August 25, 2011 to Saturday, August 27, 2011 at the Sheraton Sand Key Resort, Clearwater Beach, Florida

Convention Registration Form

Register Online at www.floridaaudiology.org!

The 2011 Florida Academy of Audiology Annual Convention will be held August 25-27, at the beautiful Sheraton Sand Key Resort in Clearwater Beach, Florida. Attendees are offered a special guest room rate at the resort of \$115/night plus tax if booked by July 25. To book your room, call the hotel at (727) 595-1611 and identify yourself as a FLAA convention guest. Please complete the form below to register for the convention. Questions? Contact the Academy office at convention@floridaaudiology.org.

Name:E-mail:Address:	Name to Appear on Name Badge:Phone:					
City:		Zip:				
Special Needs: Please indicate any special dietary or physical needs. □ Diabetic □ Vegetarian □ Shellfish Allergies □ Kosher □ Physical (please describe below.) □ Other						
Please indicate any special physical accommodations you may need for the convention.						
	By July 25	After July 25				
Full Convention Registration	T ****	5 0050				
FLAA Member FLASHA, Non-FLAA Member	□ \$300 □ \$400	□ \$350 □ \$450				
Non-Member	□ \$500	□ \$430 □ \$550				
Non-CEU Seeking Registrant	□ \$200	□ \$250				
One-Day Registration						
FLAA Member	□ \$225	□ \$275				
FLASHA or AG Bell, Non-FLAA Member	□ \$275	\$325				
Non-Member	□ \$325 □ \$135	□ \$375 □ \$175				
Non-CEU Seeking Registrant	□ \$125	\$175				
Student Registration Students can attend the co 1. As a White Coat Pinning Ceremony participant ONLY (The White Coat Pinning Ceremony participation is open to Au.D. graduate students who have completed their first year at Florida Universities.)	nvention in 1 of 3 ways. Be prepared to provide : ☐ FREE	student identification. ☐ FREE				
2. As a Convention Volunteer	☐ FREE with 4 hours of volunteer service during convention	☐ FREE with 4 hours of volunteer service during convention				
Preferred Day to Volunteer: ☐ Thursday ☐ Friday ☐ Saturday ☐ No Preference ☐ I will not be volunteering. Preferred Volunteer Duty: ☐ Moderator (instructions will be provided) ☐ Registration ☐ Silent Auction ☐ No preference						
3. As a Paid Convention Attendee	□ \$150	□ \$150				
Guest Registration: You may register a guest for the full convention at a rate of \$150 (includes all meals and entrance to all days of convention) or you can register for only those meals/events that your guest plans to attend. Please note: If you decide to register your guest for individual meals, tickets will only be provided for those corresponding activities. Name of Guest:						
	Friday – Breakfast □ \$25 Friday – Academy Business Luncheon □ \$45	Saturday – Breakfast □ \$25 Saturday – Deli Lunch □ \$35				
Payment Method: ☐ Visa ☐ Mastercard ☐ American Express ☐ Cash ☐ Check (Check No)						
Credit Card Number:		ate: Security Code:				
Name on Card:	City	Stato: 7in Codo:				
Billing Address: City: State: Zip Code:						
Send Payments and Completed Forms to: FLAA, 20423 State Road 7, Suite F6-491, Boca Raton, Florida 33498.						

<u>FLAA Convention Cancellation Policy</u> - Requests for Cancellation with refund for the convention must be submitted in writing two weeks prior to the event and are subject to a \$50 processing fee. After this date requests are subject to approval from the finance committee.

FLAA is approved by AAA to offer AAA CEUs for this activity. Academy approval of this continuing education activity does not imply endorsement of course content, specific products, or clinical procedures. FLAA is an approved provider for continuing education by the BPR for the state of Florida.



Lobbying Contribution Form

The Florida Academy of Audiology needs your help to raise funds for future lobbying efforts. The amount you donate will be earmarked for lobbying. Please note that contributions to the Florida Academy of Audiology are not deductible as charitable contributions for federal income tax purposes. Please consult your personal tax advisor for how this contribution may affect your individual circumstances.

Name: _				
E-mail: Phone:				
	S:			
City: _		State:	Zip:	
Pleases	select a contribution amount, or designate any	other amount that you would like to	o give. No amount is t	oo small or too large!
Contrib	oution Amount			
	\$25.00			
	\$50.00			
	\$100.00			
	\$200.00			
	\$500.00			
	Other:	_		
Do we h	have permission to recognize your contrib	ution in future Academy materials	s?	
	Yes	,		
	Yes, but not the amount.			
	No			

Send Payment to:

Florida Academy of Audiology 20423 State Road 7 Suite F6-491 Boca Raton, FL 33498

Thank you for your support!