

Registration Form 2017

IMPORTANT MUST READ INFORMATION BEFORE YOU REGISTER FOR CONVENTION

Membership in ILAA – In order to register at the ILAA Member Rate you must be a member of the Academy. This cannot be done in connection with registering for the convention, and must be done prior to your registering on-line or completing and submitting this form. **Renew your membership on line at www.ILAudiology.org/ Membership or complete and return a hardcopy membership application prior to submitting your convention registration. For more information, please contact Membership@ILAudiology.org or call (630) 833-4220.**

Membership in ILAA is open to all! Out-of-state Audiologists and non-Audiologists are welcome to join and save as much as \$100 on the convention registration. The ILAA member rate for convention registration will only apply to those who have renewed or joined ILAA.

To determine your membership status, please visit www.ILAudiology.org and login to your member profile or contact Membership@ILAudiology.org or call (630) 833-4220.

Please be advised: Members of the Illinois Speech-Language-Hearing Association (ISHA) who are not ILAA members may register at the ILAA member rate.

Early bird registration ends January 9, 2017

Complete the online registration at www.ILAudiology.org/Registration

	BEFORE January 9, 2017		AFTER January 9, 2017	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Full Convention	\$255	\$355	\$285	\$385
One Full Day (Thursday or Friday)	\$180	\$280	\$210	\$310
Student	\$99 MEMBER		\$150 NON-MEMBER	

PLEASE INDICATE IF YOU PLAN ON ATTENDING: () Thursday () Friday () Both Days

HOW TO REGISTER

Complete the online registration at www.ILAudiology.org/Registration or complete and return the form via mail with your check or credit card information to:

**Illinois Academy of Audiology
 RE: 2017 CONVENTION
 275 N. York Street, Suite 401
 Elmhurst, IL 60126-2752**

Or scan and e-mail your registration to:

Info@ILAudiology.org

ILAA's Tax Identification Number: 36-3976110

Name	Degree	ILAA Member () Yes () No
Address		
City	State	Zip
Business/Organization/Affiliation Name		
Business/Organization/Affiliation City/State		
Daytime Phone	Fax	
Preferred E-Mail		
CHECK ENCLOSED FOR \$ _____ or PLEASE CHARGE MY CREDIT CARD () Visa () MasterCard () American Express () Discover		
Card Holder Name		Card Number
Exp. Date	Security Code	Signature
Cardholder Billing Address		
Phone Number Associated with Billing Address		

Student members are not audiologists, but are those pursuing an entry-level degree in audiology, as verified by a regionally accredited institute of higher learning.

Please have supervisor initial here

Should you need to cancel your convention registration, refunds, less a \$50 processing fee, will be made if you notify us prior to Thursday, January 16, 2017.