

**Nebraska Hearing Society Spring Seminar
The Courtyard Marriott Lincoln Downtown/Haymarket Lincoln, NE
March 23rd & 24th, 2018**

Name: _____ **License #** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code** _____

Email: _____ **Phone:** _____

NHS Member: Pre-registration received by March 12th, 2018.
Includes lunch and reception tickets. \$40.00 higher at the door. \$180.00 _____

Non-Member: Pre-registration received by March 12th, 2018.
Includes lunch and reception tickets. \$40.00 higher at the door. \$310.00 _____

*NHS Membership Renewal for 2018 \$90.00 _____

*New Membership for 2018 \$90.00 _____

Extra Lunch Ticket \$20.00 _____

Extra Reception Ticket \$10.00 _____

Non-Licensed Observer (meals not included) \$25.00 _____

Total enclosed, payable to NHS, Treasurer \$ _____

Mail Registration or Cancellation Request To:

Nebraska Hearing Society

713 Valley Chase Ave.

Hastings, NE 68901

Cancellation Policy

**50% refund if received by
March 12, 2018. No refund after March 12, 2018.**

(No Exceptions)

Payment Policy

Seminar cost is \$180.00 whether you attend 1 or 12 credit hours of continuing education.

*NHS Membership fee not included with \$180.00 seminar cost.

Online Registration Available at nebraskahearingsociety.org

**Nebraska Hearing Society
Membership Application Form**

Name: _____

Company: _____

Position with Company: _____

Business Address: _____

Business Telephone Number: () _____

Home Address: _____

Email Address: _____

I am applying for: _____ New Membership - \$90.00
 _____ Renewal of Membership - \$90.00
 _____ Affiliate Membership \$250.00

I am a: _____ Hearing Instrument Specialist - License # _____
 _____ Clinical Audiologist - License # _____
 _____ Other (Please Specify) _____

Do you presently hold or have you ever held a license to fit and dispense hearing aids in states other than Nebraska? _____

If so, which states? _____

License numbers: _____

Have you ever had your license revoked or suspended or been the subject of any hearings related to the practice of dispensing hearing aids in this state or any other state? Yes _____ No _____. If yes, attach a complete explanation.

Have you ever been convicted of a misdemeanor (traffic violations not included) or a felony? Yes _____ No _____. If yes, attach a complete explanation.

If accepted for membership into the Nebraska Hearing Society, I will abide by the Code of Ethics and By-Laws of the Society, including the FTC Trade Practice rules for the Hearing Aid Industry.

Signature _____ Date _____

Please fill out all information. Thank you!!!

**Make checks payable to:
Nebraska Hearing Society**

713 Valley Chase Ave.

Hastings, NE 68901

Online Registration Available at www.nebraskahearingsociety.org