Conference Registration Information Required for Payers via Purchase Order

This form must be received for each registrant with your PO by January 31st. Thank you for your interest in attending the 2017 Supporting Success for Children with Hearing Loss Conference! **We require the following information for all registrants.** If your purchase order is for multiple individuals, each person will need to supply the following information. Please copy this form, have it completed by all registrants and provide it with your PO (fax: 480-393-4331). Alternately you can scan and email the PO/form(s) to info@successforkidswithhearingloss.com.

Put an X in front of your registration:	
Friday + Saturday Conference	
Preconf 1 + Fri + Sat	Preconf 1: PreK-Kdgn
Preconf 2 + Fri + Sat	Preconf 2: School-Age

Registrant Information

First Name:

Last Name:

Email Address:

What group are you in? (select one or more with an X before the group name)

- **Teacher of the Deaf/Hard of Hearing**
- **Audiologist**
- **Speech/Language Pathologist**
- **Administrator**
- **Student (University)**
- **Parent/Family Member**
- **Other:**

How long have you been in the field of supporting children with hearing loss?

- **0 (University student)**
- **1-5 years**
- **6-10 years**
- **11-15 years**
- **15+ years**

Do you need accommodations? (REQUIRED ANSWER)

- **No accommodations needed**
- **ASL interpreter**
- **FM receiver (provided by Oticon)**
- **Captioning (will be streamed to a device that you provide)**

Do you have any dietary restrictions?

- **No diet restrictions**
- **Gluten-free**
- **Vegan**
- **Vegetarian**