



# 2015 Vendor Registration

NATIONAL HEARING CONSERVATION ASSOCIATION 12011 Tejon St., Suite 700, Westminster, CO 80234, P: 303-224-9022, F: 303-458-0002, nhcaoffice@hearingconservation.org

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Attendee List:

Name	First Time Attendee		Conference Registration		Exhibitor Only	Friday Night Event	
	Yes	No	Comped	Paying		Yes	No

Fees	Cost	Quantity	Total
<b>2015 Commercial membership Dues (Non-members may pay dues here)</b>	<b>\$985.00</b>		
Full Conference Registration (Includes Thurs. workshops, Fri./Sat. sessions, Fri. night event and all conf. meals)	\$250 Member \$315 Non Member		
Conference Sessions Registration (Includes Fri./Sat. sessions and all conference meals)	\$225 Member \$280 Non Member		
Friday Night Event Ticket	\$75.00 Member \$95 Non Member		
Exhibitor Only	No Fee		
NHCA SCHOLARSHIP FOUNDATION DONATION *NOTE: I am enclosing a tax-deductible donation to the NHCA Scholarship Foundation. Tax Id #05-0554187			
<b>GRAND TOTAL</b>			

### Sponsorship Benefits

Included in 80 Decibel Sponsorships: 4 Full Conference Registrations, NHCA Commercial Membership  
Included in 40 Decibel Sponsorships: 2 Full Conference Registrations

### PAYMENT INFORMATION:

Check    Visa    MasterCard    AMEX   Amount \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

Name on the card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

\*If you require any special accommodations in order to fully participate in the conference, please call the NHCA office by December 5, 2014 at 303-224-9022 or send your request via email to nhcaoffice@hearingconservation.org so that your special needs are met.

### CANCELLATION POLICY: NO REFUNDS AFTER JANUARY 14, 2015

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