



CHR Center for Hearing Research
University of California, Irvine

**11th Annual Hearing Symposium:
From Sound to Comprehension
Registration Form**

Name: _____

Address: _____

Email: _____

Phone number: _____

License Number (if applicable): _____

Please mark one of the following:

___ General attendee (\$25)

___ Audiologists with CEUs (\$75)

Payments:

For cash or check, upon receipt of this form Sahara will give you a mailing address. Credit card payments can be faxed to (949) 824-5907, or made over the phone at (949) 824-9107.

___ Cash

___ Check (make checks payable to UCI Center for Hearing Research)

___ Credit Card:

Credit Card #: _____

Expiration Date: _____

Security Code: _____