

Maryland Academy of Audiology 18th Annual Convention
STUDENT REGISTRATION FORM
Westin BWI ~ Linthicum, MD ~ September 23 & 24, 2010

REGISTRATION INFORMATION- Please print or type

Name (to appear on name badge): _____

Home Address: _____

City/State/Zip _____

Home Phone _____ Email _____

Do not publish my contact information on the Registration List

*Currently Enrolled at (University name): _____

Program (Undergrad., Masters, Au.D., Ph.D., etc.): _____

*(Student must be currently attending a full-time residential program to qualify for student registration; documentation may be requested at the discretion of MAA. **CEUs are not available for student attendees.**)

DESIGNATION/DEGREE (Please check all that apply)

Current Degree(s): AuD PhD MA MS BA BS Other (specify): _____

REGISTRATION FEES -- Due by 09/08/2010

Student MAA membership fee - \$25

To become a student member, please send a \$25 check made out to "Maryland Academy of Audiology" (no Credit Cards) with the official MAA membership application along with this application. An MAA membership application can be printed from the website:

<http://www.maaudiology.org/join.asp>

Two days of convention: \$100.00

One day of convention: \$50.00 Please specify which day: Thursday Friday

*Note: Your MAA student membership dues and your registration fees must be included as separate checks/payments.

VOLUNTEERING

Due by 09/08/2010 – don't miss out!

Requests are being accepted for student convention volunteer positions on a *first come, first serve basis*. There are a limited number of positions. You must be an MAA student member in order to volunteer. If choose to volunteer, your convention fees (for both days) would be waived in exchange for several hours of volunteer time. *Note: You must include your MAA student membership dues and your registration fees with this request (*separate checks/payments*).

Please rank your days/times for which you would like to volunteer (1-3):

Thursday, September 23

Friday, September 24

___ Morning

___ Morning

___ Mid-day

___ Mid-day

___ Afternoon

___ Afternoon

ADDITIONAL OPTIONS

___ Special Needs: If you have special needs for access or diet, please attach a written request

CONVENTION REGISTRATION PAYMENT METHOD

___ Check (Please make checks payable to MAA)

___ Credit Card: ___ Visa

___ Mastercard

___ Discover

Account #: _____ Exp. Date _____

Card Holder's Name _____ CID/CVM #* _____

Signature _____

*CID/CVM # is the three-four digit number found in the signature area on the back of your credit card. It is displayed after your credit card number.

Payments should be sent along with application forms to Dr. Smart (MAA student membership fee and conference registration should be included as *separate* payments). Convention payments (registration) will be held until volunteer assignments are decided. You will be notified of volunteer decisions via e-mail by 09/10/2010. Note: You will not be charged a registration fee if you are selected to volunteer *and* you uphold your time commitment as a volunteer.

***Mail payment(s) and application form(s) to:

Jennifer L. Smart, Ph.D.
Dept. of ASLD
Towson University
8000 York Road
Towson, MD 21252