**Conference Registration Form**

Please use one of the following three easy ways to register:

**ONLINE:** The fastest way to register! www.ci2016toronto.org

**FAX:** 312-202-5003

**MAIL:**

14th International Conference On Cochlear Implants and Other Implantable Technologies
Attn. Registration Services, c/o American College of Surgeons, 633 N Saint Clair St., Chicago, IL 60611-3211

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>LAST NAME</th>
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**DEGREE**

**ORGANIZATION/COMPANY**

**STREET ADDRESS**

<table>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTRY</th>
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**PHONE**

**FAX**

**EMAIL ADDRESS** (Confirmations will be emailed if valid email is provided)

Specialty

- Pediatrics
- Adults
- Cochlear Implant
- Osseointegrated
- Other Hearing Devices
- (Re)Habilitation Therapy
- Multiply-Involved
- Social-Emotional Concerns
- Other (Please Specify)

Are you a member of (please check all that apply, for CEU purposes only):

- AAA: AAA Member ID: ____________________
- ASHA: ASHA Member ID: ____________________
- AG Bell: LSLS #: _________________________
- None of the above

Are you a member of The American College of Surgeons? (for CME purposes only)

- Yes
- No

ACS Member ID: _________________________

**PRE-EVENT EMERGENCY CONTACT:**

Please select the best method of contact, should we need to reach you in advance in case of natural disaster, meeting cancelation, etc.

- Mobile Email: _________________________
- Mobile Phone: _________________________
- Home Phone: _________________________

☐ Check here if ADA (Americans with Disabilities Act) accommodation is desired. You will be contacted by a staff person.

**PLEASE SPECIFY:**

☐ Audio  ☐ Visual  ☐ Mobile  ☐ Other: _________________________

☐ Check here if you have dietary restrictions. **PLEASE SPECIFY:**

If you are a Professional Member or Organizational Member, please provide your **CODE:**

_______________________________________________
**REGISTRATION FEES** *(payable in U.S. funds)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Through February 29, 2016</th>
<th>Beginning March 1, 2016</th>
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</thead>
<tbody>
<tr>
<td>Non-Member Physician</td>
<td>$695</td>
<td>$795</td>
</tr>
<tr>
<td>Member Physician</td>
<td>$495</td>
<td>$595</td>
</tr>
<tr>
<td>Non-Member Audiologist</td>
<td>$595</td>
<td>$695</td>
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<tr>
<td>Member Audiologist</td>
<td>$395</td>
<td>$495</td>
</tr>
<tr>
<td>Non-Member Speech Pathologist</td>
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<td>$695</td>
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<tr>
<td>Member Speech Pathologist</td>
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<tr>
<td>Non-Member Educator</td>
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<td>Member Educator</td>
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<tr>
<td>Other Non-Member</td>
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<td>$695</td>
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<tr>
<td>Other Member</td>
<td>$395</td>
<td>$495</td>
</tr>
<tr>
<td>Student, Resident, Fellow-in-Training*</td>
<td>$290</td>
<td>$290</td>
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<tr>
<td>Federal Government Employee &amp; Active Duty Military**</td>
<td>$365</td>
<td>$465</td>
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**SUBTOTAL**

* Students, Residents and Fellows-in-Training should obtain a letter from their program director or chair verifying their education status. Letters must be received by Registration Services before registration can be confirmed. Please note: a valid student ID will be required onsite at the time of check-in at advance registration.

** Federal Government Employees and Active Duty Military should obtain a letter verifying their active military and/or government status. Letters must be received by Registration Services before registration can be confirmed.

Please select the events you plan to attend.

**THURSDAY LUNCH**

- ☐ Yes, I will attend.
- ☐ No, I will not be attending.

**THURSDAY WELCOME RECEPTION**

*Attendee (included with registration)*

- ☐ Yes, I will attend.
- ☐ No, I will not be attending.

**GUEST RECEPTION TICKET** $45

| Qty: ____________ |

**FRIDAY LUNCH**

- ☐ Yes, I will attend.
- ☐ No, I will not be attending

**TOTAL DUE**

Registration forms received without payment will not be processed. Purchase orders are not accepted.

**FEES PAYABLE IN U.S. FUNDS TO:** *American Cochlear Implant Alliance*

- ☐ Check (enclosed)
- ☐ American Express
- ☐ Visa
- ☐ MasterCard

| Credit Card Number | Expiration Date | CSC Code |

Name on Card ____________________________

Signature ____________________________

Formal confirmations will be sent to all attendees within 10 business days of receipt. Cancellation requests must be made in writing and received on or before Monday, April 11, 2016. There is a $50 handling fee for all refunds and returned checks. Cancellations and registrations postmarked after the deadline date will not be eligible for refunds.

**REGISTRATION QUESTIONS:** Contact Registration Services at 312-202-5244 or registration@facs.org.

**HOW DID YOU HEAR ABOUT CI2016 INTERNATIONAL?**

- ☐ CI2016 Website
- ☐ ACI Alliance Website
- ☐ Save-the-Date Postcard
- ☐ Email Promotion
- ☐ Colleague
- ☐ Past ACI Alliance Meeting
- ☐ Other

_________________________________________________________________________________________________________________________________________________________