

**The 11th Annual Florida Academy of Audiology Conference
STUDENT REGISTRATION and/or White Coat Ceremony Registration**

Join us at our 11th Annual Conference: **HEAR THE FUTURE**
Thursday, August 30, 2007 to Saturday, September 31, 2007
at the Renaissance Vinoy Resort & Golf Spa, St. Petersburg, FL

The White Coat Ceremony participation is open to Au.D. graduate students that have completed their first year at Florida Universities.

Will you be participating in the White Coat Ceremony on Friday, August 31st at 6:00pm?

Yes____ No____

Size for Lab Coat: S M L XL

I will be volunteering for my registration fee: Yes____ No____

University Name: _____

Student Name: _____ Phone: _____

Address: _____ City, St, Zip: _____

Email: _____ Name to Appear on Tag: _____

Preferred day to volunteer: Thursday Friday Saturday No Preference

(We will do our best to accommodate special requests on a first come first served basis)

Student volunteers wishing to receive admission to all continuing education presentations at no cost: please submit this form by August 5, 2007 by mail (see address listed below) or fax (707) 220-2861. Volunteer status will be confirmed by email or telephone by the Volunteer Director on or before August 10th. In exchange for four (4) hours of service to the Academy during the convention, you will receive admission to all continuing education presentations and meals.

Please circle the appropriate amount (if volunteering, not applicable)

Student Registration is for those enrolled in an on-campus post-baccalaureate professional degree or Ph.D. in the field of Audiology

	postmarked before: 8/7/07	postmarked after: 8/7/07
Student Registration:	\$150	\$175

Make your check payable to the Florida Academy of Audiology Amount enclosed: _____

Mail completed application and payment to: **Florida Academy of Audiology**
Attn. Convention Director
14864 Enclave Lakes Dr. #T-1
Delray Beach, FL 33484

You may fax credit card payment to (707) 220-2861

Credit Card Type: VISA Mastercard American Express (please circle one)

Credit Card Number _____ Ex. Date _____

Authorized Signature _____ 3 or 4 digit code on back of card: _____

Questions? ACADEMY Phone is 1-866-353-3522 ~ Email: mwalden@floridaaudiology.org