



FLORIDA ACADEMY  
OF AUDIOLOGY

## Continuing Education Posting Form

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Please fill out the information in the box below for your posting:*

<p><b>Please describe a summary of your continuing education opportunity:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Date(s) of Continuing Education Opportunity:</b> _____</p> <p><b>Time of Continuing Education Opportunity:</b> _____</p> <p><b>Place of Continuing Education Opportunity:</b> _____</p> <p><b>Contact Information for Continuing Education Opportunity:</b> _____</p> <p>_____</p> <p><b>Web Site of Continuing Education Opportunity (if applicable):</b> _____</p>
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**A fee of \$125 will be due once this form is submitted to FLAA Headquarters. Please include check or credit card payment information with your submission. The \$125 fee will cover a three month posting on our association web site ([www.floridaaudiology.org](http://www.floridaaudiology.org)).**

**Payment Method**

Mastercard  Visa  American Express  Check

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 or 4-digit Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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