

THE 23rd ANNUAL MID-ATLANTIC HEARING EXPO

NAME: _____

SECOND ATTENDEE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(PLEASE TYPE OR PRINT ALL INFORMATION)

_____ **\$295.00 REGISTRATION FEE FOR THURSDAY, FRIDAY AND SATURDAY**

_____ **\$325.00 REGISTRATION FEE (AFTER MARCH 15, 2018)**

_____ **\$225.00 REGISTRATION FEE FOR FRIDAY**

_____ **\$125.00 REGISTRATION FEE FOR SATURDAY**

_____ **\$175.00 FEE FOR SPOUSE OR GUEST AT THE 2 BREAKFASTS, 2 LUNCHEONS, RECEPTION AND DINNER**

\$ _____ TOTAL (A \$20.00 fee will be charged if you cancel your registration)

**PLEASE MAKE CHECK PAYABLE TO: MID-ATLANTIC HEARING EXPO
100 SOUTH 21st STREET
HARRISBURG, PA 17104**

CREDIT CARD PAYMENT: VISA _____ MASTER CARD _____ AMEX _____

Credit Card Number: _____

Name on Card (Please Print): _____

Billing Address: _____

Expiration Date: _____ Billing ZIP Code: _____

VISA & MC 3-digit security code: _____ AMEX 4-digit security code: _____

You can scan your registration & credit card information and Email it to:

bstewart-phha@comcast.net or fax it to 717-238-2799.

Or

**You can register online at
www.midatlantichearingexpo.net**