



# 2015 Coalition for Global Hearing Health Conference

October 9-10, 2015  
Washington DC  
Gallaudet University

## **CGHH CONFERENCE REGISTRATION**

Early rates good through August 31, 2015. Late rates: September 1- October 2. Onsite registration available October 9-10.

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

Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**MEETING REGISTRATION** ☐Early: \$200 ☐Late: \$250

**HINARI A OR B COUNTRIES MEETING REGISTRATION**

☐Early: \$125 ☐Late: \$150

**STUDENT REGISTRATION** ☐Early: \$125 ☐Late: \$150

**TO REGISTER:** Must be submitted by **October 2, 2015**

1. Register online at: **WWW.CGHH.USU.EDU**...or:

2. Send in this completed form with payment:

MAIL: Conference Registration Services

Utah State University

5005 Old Main Hill

Logan UT 84322-5005

FAX: 435-797-0636 (24 Hours)

PHONE: toll free 800-538-2663 or 435-797-0423

E-MAIL: **register.online@usu.edu**

Confirmations will be e-mailed within 5 business days of receipt of registration.

**Please check all of the following entities that you represent:**

- ☐ Audiologist
- ☐ Advocacy Group/Organizer
- ☐ Educational Program
- ☐ Physician
- ☐ Student
- ☐ University Faculty
- ☐ Family member or person who is Deaf/Hard of Hearing
- ☐ Other, Please Specify: \_\_\_\_\_

**SPECIAL NEEDS** Notice of any special needs must be provided by **September 1, 2015** in order to be accommodated.

Please specify any required special dietary needs:

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free
- ☐ Allergy/Other – please specify: \_\_\_\_\_

☐ Please specify any reasonable accommodations for persons with disabilities: \_\_\_\_\_

ASL Interpreting and CART services are available by request.  
**(Required Field).**

- ☐ Yes, I need ASL interpreting for the meeting
- ☐ Yes, I need CART captioning for the meeting
- ☐ Yes, I need a hear kit in my sleeping room
- ☐ No, I do not require these services

**A participant list** with contact information will be provided to meeting attendees only to enable networking opportunities and will not be distributed in any other way.

- ☐ Yes, my contact info may be printed on the participant list.
- ☐ No, do not print my contact info on the participant list.

☐ Check here if you need a **Letter of Invitation** in order to attend the conference.

## **CANCELLATION & REFUND POLICY:**

Refunds will be made to those registrants who must cancel, less a \$25 processing fee. Written cancellation requests must be post-marked on or before September 1, 2015. No refunds will be made after that date. Substitutions are welcome at no charge (if additional payment processing is required, a \$25 processing fee will apply).

☐ **I have read and agree to the CGHH Conference Cancellation & Refund Policy: (required)**

**(Pre-sessions and payment section on next page.)**

**THURSDAY, OCTOBER 8, 2015**

**PRE-CONFERENCE SESSIONS - \$25 each**

For full session descriptions, visit [cghh.usu.edu](http://cghh.usu.edu)

**FULL DAY SESSIONS:**

☐ **Tour of River School and Georgetown University**

**Audiology**

– River School, Georgetown University Hospital

9:00 am -4:00 pm

**MORNING SESSIONS:**

☐ **Family Support & Empowerment for Children  
Who are Deaf or Hard of Hearing: Considerations  
within Humanitarian Efforts**

– Lisa Kovacs, Janet DesGeorges

9:00 am -12:00 pm

☐ **Introduction to Public Health Planning for  
Hearing Impairment**

– Andrew Smith and Daksha Patel

9:00 am -12:00 pm

☐ **Operating a Field-based Earmold Lab**

– David Pither

9:00 am – 12:00 pm

☐ **Tour of Kendall Demonstration Elementary  
School**

– Matthew Bakke, Debbie Trapani, Beth Benedict

10:00 am -1:00 pm

**AFTERNOON SESSIONS:**

☐ **Practical Guide to Humanitarian Missions for  
Improving Hearing Health**

- Jim Smith, Debra Fried

1:00 pm – 4:00 pm

☐ **How Emerging Findings In Neuroscience Apply  
to Early Intervention Practices: Addressing Brain  
Development and Early Visual Language in  
Infants, Toddlers and Young Children**

– Melissa Herzig

1:00 pm – 4:00 pm

**METHOD OF PAYMENT**

**CGHH MEETING REGISTRATION:** \$ \_\_\_\_\_

**PRE-CONFERENCE SESSIONS** \_\_\_x \$25 \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Full Payment is required with Registration (*check one*)

☐ Check payable to: **Utah State University Conference Services**

☐ Purchase order # \_\_\_\_\_ (please attach copy)

☐ Credit card transactions, call 800-538-2663 or 435-797-0423