



**2018 Coalition for Global
Hearing Health Conference**
October 26-28, 2018
**University of Cape Town,
South Africa**

CGHH CONFERENCE REGISTRATION

Early rates good through September 26, 2018. Regular rates: September 27- October 25. Onsite registration October 26-28

Name: _____

Credentials: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

E-mail: _____

Please check all of the following entities that you represent:

- Audiologist
- Advocacy Group/Organizer
- Educational Program
- Physician
- Speech-Language Pathologist
- Student
- University Faculty
- Family member or person who is Deaf/Hard of Hearing
- Other, Please Specify: _____

SPECIAL NEEDS

To be accommodated, notice of any special needs must be provided by September 14, 2018:

Please specify any required special dietary needs:

- Vegetarian
- Vegan
- Gluten Free
- Allergy/Other – please specify: _____

Accommodations for persons with disabilities: **(Required Field)**.

- Yes, I need the following reasonable accommodations to enable me to participate in the conference _____
- No, I have no requests for accommodations of special needs

REGISTRATION OPTIONS

- CGHH MEMBER REGISTRATION Early: \$200 Regular: \$250
- NON-CGHH MEMBER REGISTRATION Early: \$250 Regular: \$300
- CGHH MEMBER HINARI A OR B COUNTRY Early: \$125 Regular: \$175
- NON-CGHH MEMBER HINARI A OR B COUNTRY Early: \$175 Regular: \$225
- CGHH MEMBER STUDENT REGISTRATION Early: \$125 Regular: \$175
- NON-CGHH MEMBER STUDENT REGISTRATION Early: \$175 Regular: \$225

GALA GUEST TICKET

Please indicate below if you will attend the Gala, and if you will bring a guest.

- Yes, I will attend the Gala and understand the cost is included as part of my conference registration fee
- I will bring ___ guest(s) at a cost of \$40 each

COALITION FOR GLOBAL HEARING HEALTH MEMBERSHIP

To become a Member of the Coalition of Global Hearing Health, click the checkbox below. The cost to become a member of CGHH is \$25.00 annually

CGHH Membership Fee - \$25.00

PARTICIPANT LIST

A participant list with contact information will be provided to meeting attendees to enable networking opportunities. **(REQUIRED FIELD)**

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

LETTER OF INVITATION:

- Check here if you need a **Letter of Invitation** to attend the conference.

TO REGISTER:

1. Register online at: WWW.CGHH.USU.EDU
 2. Send in this completed form with payment by October 12, 2017:
- MAIL: USU Conference Services
P.O. Box 413135
Salt Lake City, Utah 84141-3135
- FAX: 435-797-0636 (24 Hours)
- PHONE: toll free 800-538-2663 or 435-797-0421
- E-MAIL: register.online@usu.edu

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

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 October 12, 2018. 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)

FRIDAY, OCTOBER 26, 2018

PRE-CONFERENCE SESSIONS - \$25 each

For session descriptions, visit <http://cghh.usu.edu/PreSessions.cfm>

Morning Sessions:

- Operating a Field Based Earmold Lab (David Pither)**
 - 9:00 AM – 3:00 PM
- A Practical Guide to Humanitarian Missions for Improving Hearing Health (James Saunders)**
 - 9:00 AM – 12:00 PM
- Family and Community Empowerment (Selvarani Moodley and Bianca Birdsey)**
 - 9:00 AM – 12:00 PM

Afternoon Sessions:

- Tele-Audiology for Humanity (Dirk Koekemoer)**
 - 12:30 PM – 3:30 PM
- Introduction to Public Health Planning for Hearing Impairment (Andrew Smith and colleagues)**
 - 12:30 PM – 4:30 PM

METHOD OF PAYMENT

CGHH MEETING REGISTRATION: \$ _____
GUEST TICKETS: \$ _____
CGHH MEMBERSHIP: \$ _____
PRE-MEETING SESSIONS: \$ _____

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 435-797-0421