



Registration Form
25th Annual Appalachian Spring Conference
June 28-29, 2018 Stanton-Gerber Hall, Mountain Home VAMC Campus

Name: _____
Dr./Mr./Mrs./Ms. First Name Last Name

Company/Organization: _____

Mailing Address: _____
Street/P.O. Box

City State/Province ZIP/Postal Code Country

Phone: () _____ Fax: () _____

Email: _____

Professional Type: (Check all that apply.)
Audiologist Physician Speech-Language Pathologist
Psychiatrist/Psychologist Physical/Occupational Therapist Other _____

Refreshment Fees

Student \$ 30.00 \$ _____
Professional \$ 60.00 \$ _____

Please respond to the following, in order to allow for accurate planning.

Thursday Lunch Choice

- Turkey
Veggie
Ham

Will you be attending the BBQ & Bluegrass reception? (to plan for food order) Yes No

Will you need a ride to the BBQ & Bluegrass reception? Yes No

Will you be driving and require a Parking Pass? Yes No

Would you like a tour of the Mountain Home VAMC clinic & research labs? Yes No

PAYMENT METHOD

Mark One: (Checks payable to Mountain Home Research & Education Corporation) Check Cash

Total Amount Enclosed: \$ _____

Cancellation Policy: Refreshment fee is non-refundable.

Please mail Registration Form & Payment to:

Kristi Knight
Mountain Home Research & Education Corporation
Building 5, Room V206
Mountain Home, TN 37684
Phone: (423) 926-1171, ext. 2023
Fax: (423) 979-3433

Deadline for registration by mail is June 22, 2018. Please remember that space is limited.