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

<table>
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<tr>
<th>City</th>
<th>State/Province</th>
<th>ZIP/Postal Code</th>
<th>Country</th>
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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.