

# 2025 Arkansas Hearing Society Convention Registration

This information you provide will be used in the 2025 Directory.

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

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

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

City, State, ZIP: \_\_\_\_\_

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

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

License #: \_\_\_\_\_

Please make a check or money order for \$150 payable to the Arkansas Hearing Society along with this form and mail to:

Laurie Guerrero  
4 Rochester Dr  
Bella Vista, AR 72714

**Please register and make payment by March 1, 2025.**