

# JANUARY 2009 CAOHC CERTIFICATION REGISTRATION FORM

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

List all make/model of audiometric equipment that you currently use:

Audiometer Make/Model: \_\_\_\_\_  
\_\_\_\_\_

Course Type/Dates: (circle one)      **FULL COURSE - January 6-8**      **REFRESHER - January 7**

Current CAOHC Number: \_\_\_\_\_ Date of Last Certification: \_\_\_\_\_

Method of Payment: (circle one)      **Check**      **Credit Card\***

Cost: \$475 for Full Course for the first registration  
\$425 for each additional registration from the same company  
\$275 for Refresher Course

Amount Enclosed: \_\_\_\_\_

\*If paying by credit card please fill out the following

Credit Card Type: (circle one)      **AMEX**      **VISA**      **DISCOVER**      **MC**

Name EXACTLY as on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(If more than one person will attend the course from your company, please fill out a registration form for each one.) Attach check for full payment and return registration(s) to:



T K Group, Inc.  
1781 S. Bell School Rd.  
Cherry Valley, IL 61016

Phone: 815.332.3460  
Fax: 815.332.5175