

**T K GROUP CAOHC CERTIFICATION REGISTRATION FORM**  
**(January 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>, 2012)**

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

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

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

Course Type/Dates: (circle one)      **FULL COURSE – JAN. 4-6**      **REFRESHER – JAN. 5**

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

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

Cost: \$495 for Full Course for the first registration  
\$445 for each additional registration from the same company  
\$295 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 separate registration form for each one.)

Attach check for full payment and send registration(s) to:

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

Fax your registration(s) with your credit card information to: **815.332.5082**

Contact Beth Minnick at **815.332.3460** or [bethminnick@tkontheweb.com](mailto:bethminnick@tkontheweb.com) with any questions.