

*To register for the NCAHCP Apprentice Education Classes, please fill out the Registration form below **and** the Indemnity form on the back (one Registration form and Indemnity form for each apprentice), and mail with payment to the NCAHCP office at the address below.*

North Carolina Association of Hearing Care Professionals

P.O. Box 405 Hickory, NC 28603

Telephone: 919-266-8164 * Fax: 866-391-9703

Website: www.NCAHCP.net

Email: NCAHCP@msn.com

APPRENTICE EDUCATION REGISTRATION FORM

(If needed, please make additional copies of this form)

NAME _____

ADDRESS _____

WORK PHONE _____

HOME PHONE _____

SPONSOR _____

CHECK NUMBER _____

AMOUNT OF CHECK _____

DATE(S) ATTENDING _____

If paid ten (10) days in advance of class date, course fee is \$75.00 per day.
If paid after the ten-day deadline, the course fee is \$85.00 per day for members
of NCAHCP or \$95.00 per day for non-members of NCAHCP
Please make checks payable to NCAHCP

If you are unable to mail a check or money order before the course date, please contact the association office
(919-266-8164) to make arrangements for attending the course.