



Symposium 2025

Fallsview Casino Resort

in conjunction with

Hilton Fallsview, Niagara Falls

Wednesday, May 7 to Friday, May 9, 2025

REGISTRATION FORM

REGISTRATION CLOSES APRIL 22, 2025

Please use separate form for EACH person registering for Symposium

Early bird rate is the same as 2024!

	Before March 15	/	After March 15
<input type="checkbox"/> A.H.I.P. MEMBER <i>(includes 1 non transferrable gala ticket)</i>	\$352	/	\$402
<input type="checkbox"/> A.H.I.P. MEMBER <i>(without gala ticket)</i>	\$331	/	\$388
<input type="checkbox"/> NON-MEMBER <i>(includes 1 non transferrable gala ticket)</i>	\$550	/	\$607
<input type="checkbox"/> NON-MEMBER <i>(without gala ticket)</i>	\$510	/	\$567
<input type="checkbox"/> FRIDAY NIGHT GALA - EXTRA TICKET <i>each</i>	\$130	/	\$150
<input type="checkbox"/> AHIP STUDENT THURSDAY ONLY <i>(must be AHIP Student member)</i> -	\$ 90		

(includes seminars, Exhibit/Networking Hall, lunch)

All prices include 13 % HST

CRA HST # 898132477000RT

Amex, Visa or MC #: _____ Exp Date: _____ CVV code _____

Name of cardholder

Signature of cardholder

Please make cheques payable to A.H.I.P. and mail/courier to: A.H.I.P., 55 Mary Street W. Suite #211, Lindsay, Ontario K9V 5Z6.
For payment by Amex, MC, or Visa, please submit this form via email to lynne@ahip.ca or fax to [1-844-688-5583](tel:1-844-688-5583).
You may also pay online at www.helpmehear.ca.

Name on Extra Friday Night Gala ticket to read: _____

NAME: _____ ORGANIZATION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE : _____ E-MAIL ADDRESS: _____

REGISTRANTS SIGNATURE: _____ Date _____

In signing this registration form I understand and hereby give my consent to the Association of Hearing Instrument Practitioners of Ontario for the use of my name as written above, or images taken while at the AHIP Symposium, which may be used by the organization for publication either/or on the organizations website, or such purposes as the organization considers appropriate.

List here medical or other dietary **restrictions for GALA DINNER ONLY** _____
(deadline for Gala Dinner dietary submission to AHIP office – April 15, 2024)(Without prior notice by the due date, NO dietary restrictions can be accommodated on site – no exceptions)

NOTE: REFUNDS WILL NOT BE ISSUED AFTER APRIL 15, 2024 - All refunds are charged a 10% administration fee