

**2010 AEI SUMMER INSTITUTE
APPLICATION**

Name: _____ Occupation: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: **(REQUIRED)** _____

Phone (H): _____ (W): _____

Fax: _____

Do you need any type of technical assistance to participate (FM devices, etc.)?

If so, please specify: _____

REGISTRATION & TUITION

The deadline for application is **Friday, June 18, 2010**. Participants are encouraged to apply as early as possible to be considered. Applicants will be notified by e-mail of their acceptance into the Institute by **Friday, June 25, 2010**. Directions and other appropriate information will also be forwarded at this time.

COMPLETED APPLICATION

A completed application packet must include:

___ **Application form**

___ **Tuition: \$425** (payable to: Alabama Ear Institute)

Please select one of the following:

___ **Payment Enclosed**

___ **Purchase Order No:** _____

___ **Payment will be sent by the following organization:**

(Please provide contact information)

___ **A one-page letter explaining why you wish to attend the Institute, including your level of experience in the A-V / Auditory-Oral approaches.**

Mail your application packet & payment to:

**Alabama Ear Institute
300 Office Park Drive
Suite 210
Birmingham, AL 35223**