

**APPLICATION FOR
HEARING ASSISTIVE TECHNOLOGY (HAT) TRAINING**

*May 2 and 3, 2009
Roscommon, MI*

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

I would like to be included in the HAT Training conducted by HLA-MI in Roscommon on May 2 and 3, 2009.

Signature: _____

Date: _____

Do you have a hearing loss? Y _____ N _____

Please fill out the form and send by April 15, 2009 to:

HLA-MI
PO Box 4808
Troy, MI 48099-4808