

Courses for Adults with Hearing Loss: Information Form

Please complete this form to be added to our course participant contact list.

You will be contacted using your "Preferred Method of Contact" when a course has been scheduled.

Name:

Mailing Address:

Email Address:

Telephone Number:

Preferred Method of Contact:

Mail **Email**

Availability

Daytime **Evening** **Daytime and Evening**

Do you have a hearing loss? **Yes** **No**

Do you own/use hearing aids? **Yes** **No**

What specific concerns regarding hearing loss and/or communication do you have?

What specific information or skills you hope to get/gain from attending the program?

Do you have any questions about the program?

Will a spouse, other family member or friend attend the program with you?

Yes **No**