HLAA WESTCHESTER CONVENTION GRANT APPLICATION

DATE SUBMITTED:

NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: CELL: EMAIL:

HOW LONG HAVE YOU BEEN A HLAA CHAPTER MEMBER?

ARE YOU A NATIONAL MEMBER? NUMBER OF YEARS:

HAVE YOU EVER ATTENDED A NATIONAL CONVENTION? IF NO, PLEASE TELL US WHY:

DO YOU HAVE A HEARING LOSS? HEARING AID? COCHLEAR IMPLANT?

PLEASE WRITE A BRIEF DESCRIPTION ABOUT YOURSELF AND WHAT YOU HOPE TO LEARN BY ATTENDING THE HLAA NATIONAL CONVENTION. (USE BACK IF NECESSARY)

SHOULD YOU RECEIVE THIS GRANT, WOULD YOU BE WILLING TO GIVE A PRESENTATION OR WRITE ABOUT YOUR CONVENTION EXPERIENCE AND WHAT YOU LEARNED TO THE CHAPTER MEMBERS?

THE GRANT WILL COVER THE EARLY BIRD FULL ACTIVITY PACKAGE-REGISTRATION FEE WHICH INCLUDES THE BANQUET, THE AWARDS BREAKFAST AND THREE NIGHTS AT THE HOST HOTEL. THE GRANTEE WILL BE RESPONSIBLE FOR ALL ADDITIONAL EXPENSES SUCH AS MEALS, TRANSPORTATION AND ALL OTHER TRAVEL EXPENSES.

PLEASE RETURN THIS APPLICATION TO KAREN RATNER BY DECEMBER 20, 2015 EITHER BY EMAIL KLRATNER@AOL.COM OR SNAIL MAIL. APPLICATIONS RECEIVED AFTER DECEMBER 20 WILL NOT BE CONSIDERED FOR THE 2016 NATIONAL CONVENTION.

KAREN RATNER

264 SUFFOLK AVE.

STATEN ISLAND, NY 10314