

**Hearing Society of TN**  
**2024 Hearing Society of TN Seminar and Meeting**

***April 6<sup>th</sup> 2024***

Location: Chattanooga Convention Center Located in the Chattanooga Marriott Downtown. 1 Carter St.  
Chattanooga, TN 37402

Dear Vendor/Presenter,

The Hearing Society of TN seminar and meeting committee holds an annual event for licensed hearing instrument specialist and other hearing healthcare providers to receive 10 IHS approved CEs over one weekend (one day this year). This year we are proud to announce that our event will be in-person. We are diligently working with The Convention Center staff to provide an excellent and smooth experience.

We are looking forward to seeing you in April!

Please send reservation forms to:

Hearing Society of TN  
PO Box 3222  
Clarksville, TN 37043

Sincerely,

**Matthew Kelly, BC-HIS**  
Staff, Hearing Society of TN  
Cell/Text 931-237-1178  
Office 931-645-4467

## Seminar Sponsorship Opportunities

Bronze Sponsor        \$1000  
Includes Vendor Booth  
Registration for up to (2) representatives  
Recognition in the Seminar Packet

Silver Sponsor        \$1500  
Includes Vendor Booth  
Registration for up to (2) representatives  
Recognition during break activity  
Recognition in the Seminar Packet

Gold Sponsor         \$2000  
Includes Vendor Booth  
Registration for (2) representatives  
Recognition during the Break & Dining Activities  
Recognition in the Seminar Packet

Seminar Exhibitor Opportunity        \$750  
Includes Vendor Booth  
Registration for up to (2) representatives

Total Exhibitor Fees: \_\_\_\_\_

### Vendor Questions for our Registrants

Each registrant can earn a CE by answering questions provided by each vendor. We have found this encourages and motivates our attendees to interact with all of our vendors.

Please provide two questions and their answers below.

Question 1: \_\_\_\_\_

Answer 1: \_\_\_\_\_

Question 2: \_\_\_\_\_

Answer 2: \_\_\_\_\_

**Silent Auction Donation Opportunity**

Silent Auction Items description \_\_\_\_\_

Silent Auction Items MSRP value \_\_\_\_\_

**Sponsor / Exhibitor / Presenter Information**

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pre-Event Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

At-Event Contact 1 Name: \_\_\_\_\_

Cell \_\_\_\_\_

If Presenting: Presentation Topic \_\_\_\_\_

Topic Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presenter Credentials \_\_\_\_\_

Instructor Biography \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Learning Objectives: For example: "By attending the course, you will learn how to\_\_."

Objective 1 \_\_\_\_\_

Objective 2 \_\_\_\_\_

Objective 3 \_\_\_\_\_

At-Event Contact 2 Name \_\_\_\_\_

Cell \_\_\_\_\_

If Presenting: Presentation Topic \_\_\_\_\_

Topic Description \_\_\_\_\_

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Presenter Credentials \_\_\_\_\_

Instructor Biography \_\_\_\_\_

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Objective 1 \_\_\_\_\_

Objective 2 \_\_\_\_\_

Objective 3 \_\_\_\_\_

### Payment Information

To reserve you exhibitor booth space/sponsorship, please return this form and your check to the **Hearing Society of TN, PO Box 3222, Clarksville, TN 37043**

For your convenience, you may also pay by credit card.

Visa  Mastercard  Discover  AMEX

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVC \_\_\_\_\_ Zip \_\_\_\_\_

Email receipt to \_\_\_\_\_