

EAA PRODUCT ORDER FORM

Auditory Checklists

- # _____ CHAPS pad of 100 & manual @ \$12.50 \$ _____
- # _____ CHAPS pad of 100 @ \$10.00 \$ _____
- # _____ Fisher's Aud. Checklist pad of 100 @ \$10.00 \$ _____
- # _____ SIFTERS & LIFE CD @ \$10.00 \$ _____

AUDITORY PROCESSING

- # _____ Assessment & Mgmt. of CAP Disorders \$ _____
- Book @ \$76.50
- # _____ Scanware - C @ \$155.00 \$ _____
- # _____ Scanware - A @ \$150.00 \$ _____

CLASSROOM ACOUSTICS

- # _____ "Classroom Acoustics: Listening vs. \$ _____
Learning" – DVD @ \$15.50
- # _____ "Literacy, Classroom Amplification and \$ _____
The Brain" – DVD @ \$35.00

COCHLEAR IMPLANTS

- # _____ Children with Cochlear Implants in \$ _____
Educational Settings – Book @ \$59.00
- # _____ "Sounds or Silence" – Video @ \$22.50 \$ _____
- # _____ "Teaching Kids with High Tech Ears" \$ _____
- Video @ \$24.95

COUNSELING

- # _____ "Families with Deaf Children" \$ _____
- Video @ \$20.00
- # _____ I Am the Boss... - Book @ \$13.50 \$ _____
- # _____ Hearing Loss Counseling Sheets CD @ \$10.00 \$ _____
- # _____ Knowledge is Power Curriculum @ \$25.00 \$ _____

EDUCATIONAL AUDIOLOGY

- # _____ Educational Audiology \$ _____
Handbook/CD @ \$111.00
- # _____ Clinic Essentials Kit @ \$20.00 \$ _____
- # _____ Hearing Aid Checker Kit @ \$30.25 \$ _____
- # _____ Hearing Aid Checker Kit w/Dri-Aid @ \$34.25 \$ _____
- # _____ Picture Spondee Threshold Kit @ \$55.00 \$ _____
- # _____ Picture Spondee Replacements @ \$35.00 \$ _____
- # _____ Tips & Hints Booklet @ \$5.00 \$ _____

EAA LOGO MERCHANDISE

- # _____ Memo Pad of 100 sheets @ \$2.00 \$ _____

TOTAL FOR ALL ITEMS \$ _____

NON-EAA MEMBERS ADD 25% \$ _____

POSTAGE/HANDLING (Below) \$ _____
(Calculate based upon TOTAL FOR ALL ITEMS)

GRAND TOTAL \$ _____

POSTAGE/HANDLING	
to \$15	add \$5.50
\$16 to \$25	\$7.00
\$26 to \$40	\$8.50
\$41 to \$60	\$10.50
\$61 to \$75	\$12.50
\$76 to \$100	\$15.00
\$101 to \$125	\$17.50
\$126 to \$145	\$19.00
\$146 to \$200	\$24.00
\$201 to \$500	\$30.00
Outside US	will be charged at cost

SHIP TO:

Name: _____

School/Entity: _____

Address: (NO PO BOX) _____

City: _____

State: _____ Postal Code: _____

Daytime Phone: (____) _____

Email Address: _____

PAYMENT OPTIONS:

_____ Bill Purchase Order #: _____

_____ Check Enclosed

_____ Charge VISA or MASTERCARD (circle one)

Card #: _____

Exp. Date: _____

Signature: _____



Educational Audiology Association
3030 W. 81st Ave.
Westminster, CO 80031
Phone: 800-460-7322 | Fax: 303-458-0002
www.edaud.org • EAA@imigroup.org