

Seminar Intake Sheet

Attendee Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Will 3rd party be attending: _____

Name/Relationship of 3rd Party: _____

Currently Wearing Aids/Brand/Age: _____

Y/N

Had a hearing test before How long ago _____

Currently see an Audiologist Who _____

Best days for appointments: _____

Best time, morning/afternoon: _____

Y/N

Sent confirmation letter

Made confirmation call

Scheduled appointment

Confirmed appointment

Sent follow-up letter