

Registration Form For Group Soundfield

Please indicate below the number of Group Soundfields you would like to rent. Due to the limited number of these systems they will be issued on a first come, first serve basis.

Number of Group Soundfields requested: _____

Name of School District: _____

Name of School: _____ County _____

Street address: _____

City/Zip: _____ Telephone Number: _____

Person responsible for equipment: _____

Title: _____

If the shipping address is different from the billing address, please indicate:

Name of School: _____

Street Address: _____

City/Zip: _____

SUGGESTED POPULATION FOR PERSONAL SOUNDFIELD SYSTEMS:

 *CENTRAL AUDITORY PROCESSING DISORDER*

 *CHRONIC OTITIS KIDS*

 *BEHAVIOR DISORDER KIDS*

Rental fee for the Group Soundfield System: \$312.00 per school year.