

REGISTRATION FORM

ANNUAL MICHIGAN EAR INSTITUTE SPRING CONFERENCE

June 6 – 7, 2026

Name _____ MD / DO / PA / NP / AuD / Resident

Address _____ City _____

State _____ Zip _____ Email _____

PLACE: Van Elslander Surgical Innovation Center · Henry Ford Providence Novi Hospital
47601 Grand River, B100 · Novi, MI 48374

REGISTRATION FEE \$150 Attendings / PA / NP / Audiologists _____
Residents No Charge

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HOTEL RESERVATION SUGGESTIONS:

Hyatt Place at the Suburban Collection Showplace reservations at 1-800-233-1234.
Staybridge Suites, 27000 Providence Pkwy, Novi, MI 48374 – 1-248-349-4600

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GOLF: Saturday June 6, 2026 · The Cardinal at Saint John's · 2:00pm Tee Time
Attendings / PA / NP / AuD / Sponsors No charge. All others \$150.00 per person

#attending _____ Name _____
Name _____
Name _____
Name _____

TOTAL DUE REGISTRATION & GOLF _____

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BBQ: Saturday June 6, 2026 at 6:30 p.m. · No charge · Families invited

#attending _____ Adults _____ Children _____

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Mail or fax registration to: MEI
Attn: Angie Kmiecik
30055 Northwestern Hwy., #101
Farmington Hills, MI 48334
Fax # 248-865-4121

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Credit Card Authorization (Please type)

MEI is authorized to use the card information shown below for conference registration fees.

VISA Mastercard AMEX Card number _____

Exp Date _____ CVV Code _____ Signature _____

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For more information please contact: **Angie Kmiecik / 248-865-4135 / akmiecik@michiganear.com**