2026 MN School Annual Calibration Registration Form

Note: This Registration Form is due 2 weeks prior to the scheduled Calibration Date for your Region.

There will be a $10 late fee if a registration form is not submitted 2 weeks prior to the calibration date

Calibration site selected: _____ **Dates:** _____

Name of your school district/clinic/agency: _____

Contact Person for your school district/clinic/agency: _____

Phone: _____ **Email:** _____

Authorized contact for repair approvals (if different than above): _____

Phone: _____ **Email:** _____

Bill to address (REQUIRED): _____

Purchase Order # (REQUIRED): _____

1. **If sending PO separately, please make sure it references at least one serial number**
2. **If your organization DOESN'T require POs, you can just put your name**

Total number of machines in need of calibration for your school district/clinic/agency: _____

Please note that the site shall not be held liable for any damage, theft, or liability during the calibration process

2026 Education Price List for Minnesota	
Screening Audiometer Calibration	$87.00
Screening Tympanometer Calibration	$140.00
Screening Tympanometer/Audiometer Combo Calibration	$184.00
Otoacoustic Emissions (OAE) Calibration	$205.00

**Repairs $100 per hour* -- Authorization to complete repairs if needed:* □ *Yes* □ *No*

If you don't see your specific device or have any pricing questions, please reach out to Riley at riley@midwestsi.com

Helpful tips for bringing your equipment to a Central Location:

Please put all of your instruments in one group per school. Consider putting a sign on the top stating which school the equipment belongs to, and keeping all in a group. Remember to check that all of the parts of the equipment are included in the case before leaving it. Make copies and attach an "equipment label" (on last page) to **each** instrument. This greatly helps our technicians provide you with the best service!

Please Email your form to Riley: riley@midwestsi.com

Midwest
SPECIAL INSTRUMENTS

PLEASE LIST THE MAKE, MODEL AND SERIAL # FOR EACH PIECE OF EQUIPMENT TO BE CALIBRATED:

Equipment Type (Ex. OAE, Tympanometer, Audiometer):	Make:	Model:	Serial #:	Notes for Technician:
Example: Audiometer	Maico	MA-27	24977	Right headphone is intermittent
Example: OAE	Maico	EroScan	1120240	n/a

Please Email your form to Riley: riley@midwestsi.com

Midwest
SPECIAL INSTRUMENTS

2026 Equipment Labels for Calibration:

Please fill out one of these labels for **EACH piece of equipment and attach it to the instrument.**

Name of School district/clinic/agency:		
Contact Person for your school district/clinic/agency:		
Contact Person's Phone:	Contact Person's Email:	
Instrument Make	Model	Serial Number

Name of School district/clinic/agency:		
Contact Person for your school district/clinic/agency:		
Contact Person's Phone:	Contact Person's Email:	
Instrument Make	Model	Serial Number

Name of School district/clinic/agency:		
Contact Person for your school district/clinic/agency:		
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