

Mr. Edward P. Boles
President



CPS HEARING

Request to Become a Participating CPS Hearing Aid Provider

Please complete the fields below, email or mail the completed document to CPS and a representative will be reaching out to you shortly.

Do you prefer to be contacted by email _____ or phone _____?

Date: ____/____/____

Name of Owner: _____

Name of Company: _____

Name of Audiologists: _____

Name of Hearing Aid Dispensers: _____

Office Address: _____

Office Telephone #: _____

Email Address: _____

How did you hear about CPS? _____

CPS Email: irena@cpsoptical.com or fax: 212-675-1147

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