



Registration Form

Career Fair Exhibitors/Lunch Tickets Only

Fax: 301-694-5124 • Mail: ASHA Convention Registration, c/o Experient, P.O. Box 3867, Frederick, MD 21705

ASHA Membership Number _____ (if you have one)

First Name M.I. Last Name

Exhibiting Company

Mailing Address:

City State Zip/Postal Code Country (if other than US)

Phone Fax

E-mail

Lunch In Exhibit Hall

(12:00-1:00 pm)

Thursday \$5 _____

Friday \$5 _____

Saturday \$5 _____

Payment Total \$ _____

Payment must accompany registration form. Form and payment must be received by October 19. Take tickets to Convention in New Orleans. Duplicate tickets will not be printed.

Check Visa MasterCard

Card number _____ Exp. ____ / ____

Signature _____

(Signature must be cardholder's signature. I authorize ASHA/Experient to charge my account for the above fees for the ASHA 2009 Annual Convention.) I understand that payment and form must be received by October 19.

Lunch tickets will be mailed to the address you listed above.