

# Student Registration

NSSLHA Membership Number \_\_\_\_\_ ASHA Graduate Student Membership Number \_\_\_\_\_  
(See application form next page to join NSSLHA)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address:  H  Schl Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_  I do not want my e-mail address shared with Exhibitors.

Country (if other than US) \_\_\_\_\_   I require special assistance to participate in the Convention (you will be contacted).  
 I need an ALD (you will be contacted).

## Badge Information:

This information will appear on your badge.

University/College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Check here if you would like your badge mailed to you before the Convention.

### 1 Registration Fees

	Early-Early Bird Postmarked on or before August 3	Early Bird Postmarked on or before September 9	Pre-Reg Postmarked on or before October 19	After Oct 19, DO NOT USE THIS FORM. REGISTER ONLINE OR IN NEW ORLEANS ONLY.
NSSLHA Member (S)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$195	<input type="checkbox"/> \$225	\$235
ASHA Graduate Student Member (G)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$195	<input type="checkbox"/> \$225	\$235
<b>1. Enter registration fee total here</b>				\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 2 Course Fees

Fill in blanks with course numbers. Visit [www.asha.org/asha09](http://www.asha.org/asha09) for descriptions.

	Thursday	Friday	Saturday	Qty	x	\$60
Morning Short Courses @ \$60 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	x	\$60
Afternoon Short Courses @ \$60 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	x	\$60
<b>2. Enter course fee total here</b>						\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 3 Special Event Tickets

Lunch in Exhibit Hall	Thursday	Friday	Saturday	Registrant	x	\$5
12:00-1:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	x	\$5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guest (max 2)	x	\$10

Check here if you need a vegetarian lunch. Sorry, other dietary restrictions cannot be accommodated.

#### Closing Party - Mardi Gras World

Sorry, this event is full. There is no waiting list; additional tickets, if available, will be distributed onsite.

#### ASHFoundation JazzFest Fundraiser

You may purchase one ticket at \$100 and up to two guest tickets at \$50 each.

Foundation JazzFest Registrant  x \$100 \_\_\_\_\_

Foundation JazzFest Guest \_\_\_\_\_ (limit 2) x \$50 \_\_\_\_\_

I can't attend, but would like to donate \_\_\_\_\_

Major (choose one)  
 Aud  SLP  
 Dual  Other

Is this your first ASHA Convention?  
 Yes  No

**3. Enter special event total here** \$

### 4 Accompanying Persons

An accompanying person is a guest attending in a social capacity only.  
Guest status does not include attendance at any professional or scientific sessions.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \$75

### 5 NSSLHA Application fee

Be sure to fill out back of form.

**4. Enter accompanying person total here** \$

### 6 Payment Total

(total lines 1-5) Payment must accompany registration form.

Your total payment may be adjusted if your registration is not postmarked on or before registration deadlines.

**Purchase Orders are not accepted and will be returned.**

Visa  MasterCard Card number \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_

Check **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. Submission of this registration form confirms that I have read, understand, agree, and will comply with the published registration policies. **Please note:** We cannot confirm receipt of faxes. If you do not receive an e-mail confirmation within one week or have not received your badge (if requested) by November 9, 2009, please call Experient Customer Service at 301-694-5243.

**Complete this form and:**

**Fax: ASHA Convention, c/o Experient, 301-694-5124 or Mail: ASHA Convention, Experient, PO Box 3867, Frederick, MD 21705**

