



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

REGISTRATION FORM

**ASHA State Association Workshop
May 14-15, 2009
Hyatt Regency Hotel
Indianapolis, Indiana**

ASHA/NSSLHA Account Number _____

Name _____

State/Position _____

Address _____ (home __ office __)

City _____ State ____ Zip Code _____

Daytime Phone: _____ Fax: _____

E-mail: _____

___ I need special assistance to participate fully. (We will contact you.)

___ I have special dietary restrictions. (Please describe briefly.) _____

Concurrent Sessions

Please check off the **ONE** concurrent session that you plan to attend:

___ Secrets to PAC Success

___ Finding Funding in Difficult Times

___ Developing Student Volunteers for the Professions

Payment Information

Check your registration category:

___ ASHA member: **early bird** (until May 1)—\$195

___ ASHA member: standard (May 2, or later)—\$220

___ Nonmember—\$245

Registration will not be processed without an accompanying payment.

[] Check (made payable to ASHA) enclosed

[] Credit Card Payment [] MasterCard [] Visa

Card # _____ Expiration Date _____

Signature of Cardholder: _____

Mail Registration To:

ASHA State Association Workshop Registration
PO Box 1160, Mail Stop 325
Rockville, MD 20849
Fax: 301-296-8576 (Credit card payment only)
Phone: 800-498-2071

Refunds will only be issued if your cancellation is received in writing by May 9, 2009. Cancellations may be sent to:
E-mail: registration@asha.org
Fax: 301-296-8576
Mail: ASHA State Association Workshop, 2200 Research Blvd #325, Rockville, MD 20850
A \$40 cancellation fee will apply.