

SECTION 1 Registrant Information

Name _____

ASHA Account Number _____

Vaccine Verification Code _ _ _ _ _

Mailing Address (indicate: home work or school)

Phone _____ Fax _____ Email _____

I prefer to receive special offers and promotions from Convention Exhibitors by direct mail

I am not interested in special offers and promotions

I require special assistance (select all that apply; you will be contacted by an ASHA representative):

mobility visual auditory other _____

I plan to report my Convention session attendance to earn ASHA CEU's/Professional Development Hours.

Badge Information

(facility, city, state)

SECTION 2(A) Full In-Person Convention Rates

	Early Bird 8/2-9/30	Regular Rate 10/1-10/31	Onsite Rate 11/1-11/20
<input type="checkbox"/> Non-Member*	\$490	\$540	\$590
<input type="checkbox"/> Member*	\$390	\$440	\$490
<input type="checkbox"/> Life Member	\$85	\$85	\$85
<input type="checkbox"/> National NSSLHA/ASHA Graduate Student Member	\$225	\$225	\$225
<input type="checkbox"/> New Member*	\$290	\$340	\$390
<input type="checkbox"/> Clinical Fellow	\$290	\$340	\$390
<input type="checkbox"/> Audiology or Speech-Language Pathology Assistant	\$225	\$225	\$225
<input type="checkbox"/> Related Professional	\$490	\$530	\$580
<input type="checkbox"/> International Affiliate	\$390	\$440	\$490

***Discount for Current ASHA Learning Pass Subscribers**

Individuals who fall under one of the membership categories noted above with an asterisk (*) and who are subscribed to the ASHA Learning Pass will receive a \$100 discount on their registration fee. The discount is for individual subscribers only. Those receiving the Learning Pass through a group subscription, such as through their employer, are not eligible. You must already be subscribed to the Learning Pass when you register; the discount cannot be applied retroactively. The discount will automatically be applied when you sign in to register.

SECTION 2(B) One-day Convention Fees

Please select the day you plan on attending, followed by the appropriate registration fee.

Thursday Friday Saturday

One-day Non-Member \$435

One-day Assistant \$165

One-day ASHA Member \$295

One-day Related Professional \$395

One-day NSSLHA/ASHA Grad Student Member \$165

One-day International Affiliate \$295

One-day New ASHA Member/CF \$195

Enter registration fee here \$ _____

SECTION 3(A) Tickets: Pre-Convention

Wednesday, November 17

<input type="checkbox"/> PC01: Implicit Bias: How Did We Get Here? Where Do We Go Now?	1:30-4:30pm	<input type="checkbox"/> DC/MD/VA Residents \$40
		<input type="checkbox"/> Non DC Residents \$80

<input type="checkbox"/> PC02: Navigating the Challenges of Auditory Processing Disorders During the COVID Pandemic	1:30-4:30pm	<input type="checkbox"/> DC/MD/VA Residents \$40
		<input type="checkbox"/> Non DC Residents \$80

Enter pre-convention event fee here \$ _____

SECTION 3(B) Tickets: Special Events (non-refundable after November 1, 2021)

Thursday, November 18

ASHFoundation Watch Party 7:30pm In-Person Attendees _____ x \$75 ea = \$ _____

ASHFoundation Watch Party 7:30pm Online Attendees _____ x \$20 ea = \$ _____

I cannot attend, but I wish to make a tax deductible contribution to the ASHFoundation \$ _____

SECTION 3(C) ASHA Eats Card

\$50 for \$80 to spend at any Walter E. Washington Convention Center concession stand \$50 ea = \$ _____

SECTION 4 Donations

ASHA PAC Donation \$ _____

Student Donation \$ _____

Enter total donation here \$ _____

SECTION 5 Payment

With submission of this paper registration form, I acknowledge that I have read and agree to the published Convention Services and Policies especially as they relate to cancellations, photography photo release, personal data, children, etc. as listed on ASHA's website.

COVID-19 PERSONAL RESPONSIBILITY STATEMENT

Anyone who registers for the in-person event will need to agree to the COVID-19 Personal Responsibility Statement as follows:

I acknowledge that ASHA cannot guarantee that I will not be exposed to or contract a Communicable Disease, such as COVID-19, at the 2021 ASHA Convention. As a participant in the upcoming ASHA Convention, I agree to abide by all established and applicable COVID-19-related requirements, advisories, policies, procedures, and protocols of the Convention Center, Hotels and ASHA, as well as the CDC, Washington, D.C., and any other governmental authority for the duration of the event. I understand the risk that I may be exposed to or infected by a Communicable Disease by attending the ASHA Convention. I knowingly and freely assume all such risks, both known and unknown, and assume full personal responsibility for my participation. I release ASHA and their staff and contractors from liability should I become ill, directly or indirectly, as a result of my participation in the event.

Signature _____

Total Sections 2-6. Payment must accompany registration form. Your total payment may be adjusted if your registration is not postmarked on or before registration deadlines.

Enter total fees here \$ _____

Check Visa MasterCard Discover Card number _____ Exp. ____ / ____

Cardholder Name _____ Signature _____

Signature must be cardholder's signature. I authorize ASHA/Spargo, Inc. to charge my account for the above fees for the 2021 ASHA Convention.

Please note: We cannot confirm receipt of faxes. If you do not receive an email confirmation within one week or have not received your badge (if requested), please call 877-585-6005.

Fax: 703-563-2715 • **Mail:** ASHA Registration, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030