



**SECTION 1: REGISTRANT INFORMATION**

NAME: \_\_\_\_\_

ASHA ACCOUNT NUMBER: \_\_\_\_\_ VACCINE VERIFICATION CODE: \_\_\_\_\_

MAILING ADDRESS: **SELECT ONE:**  HOME  WORK  SCHOOL

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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 plan to report my Convention session attendance to earn ASHA CEU's/Professional Development Hours.
- I require special assistance to participate in person. (You will be contacted by an ASHA representative.)

*Please select all that apply:*  Mobility  Visual  Auditory  Other: \_\_\_\_\_

**SECTION 2: BADGE INFORMATION**

FACILITY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**SECTION 3: CONVENTION RATES**

Which day(s) are you plan on attending?  All days  Thursday only  Friday only  Saturday only

MEMBERSHIP CATEGORIES	EARLY BIRD RATES (8/1-8/31)	ADVANCE RATES (9/1-9/30)	REGULAR RATES (10/1-10/31)	ONSITE RATES (11/1-11/20)	THURSDAY OR FRIDAY RATES (FULL DAY)	SATURDAY RATES (PARTIAL DAY; NO EXHIBITS)
Non-member	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640	<input type="checkbox"/> \$535	<input type="checkbox"/> \$275
Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$295	<input type="checkbox"/> \$165
Life Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	N/A	N/A
National NSSLHA/ASHA Graduate Student Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$165	<input type="checkbox"/> \$99
New Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$195	<input type="checkbox"/> \$129
Clinical Fellow	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$195	<input type="checkbox"/> \$129
Audiology or Speech-Language Pathology Assistant	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225	<input type="checkbox"/> \$165	<input type="checkbox"/> \$99
Related Professional	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$590	<input type="checkbox"/> \$640	<input type="checkbox"/> \$395	<input type="checkbox"/> \$229
International Affiliate	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	<input type="checkbox"/> \$540	<input type="checkbox"/> \$295	<input type="checkbox"/> \$165

**SECTION 4: PRE-CONVENTION WORKSHOPS**

WEDNESDAY, NOVEMBER 16 • 1-4 P.M.

Louisiana Resident:  \$40 Non-Louisiana Resident:  \$80

- PC01:** How Do I Describe That?: Advanced FEES Interpretation
- PC02:** The Entrepreneurial SLP: Steps to Starting Your Private Practice & Submitting Your First Insurance Claim
- PC03:** Linguistic Diversity, Equity, and Inclusion: Reflecting on Cultural-Linguistic Identities Through a Positive-Noncomparative Lens

Specialty Board Member:  \$40  
 Non-Specialty Board Member:  \$80

- PC04:** What to do Monday Morning: Moving Stuttering Research to Clinical Practice

**Section 4 Total:**  
\$ \_\_\_\_\_

**Section 3 Total:** \$ \_\_\_\_\_

**COVID-19 PERSONAL RESPONSIBILITY STATEMENT:**

All in-person registrants are required to agree to the following COVID-19 Personal Responsibility Statement.

I acknowledge that ASHA cannot guarantee that I will not be exposed to or contract a Communicable Disease, such as COVID-19, at the 2022 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, the city of New Orleans, and the State of Louisiana, 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: \_\_\_\_\_

## SECTION 5: MASTER CLASSES (MC)

Special Interest Group (SIG) Member:  \$25\* Non-SIG Member:  \$50

\*SIG Members receive a \$25 discount on "SIG-sponsored" Master Classes. For more information please visit [bit.ly/2022Master](http://bit.ly/2022Master).

### THURSDAY, NOVEMBER 17

MASTER CLASS #	TIME
<input type="checkbox"/> MC01	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC02	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC03	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC04	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC05	1–3 P.M.
<input type="checkbox"/> MC06	1–3 P.M.
<input type="checkbox"/> MC07	1–3 P.M.
<input type="checkbox"/> MC08	1–3 P.M.
<input type="checkbox"/> MC09	1–3 P.M.
<input type="checkbox"/> MC10	4–6 P.M.
<input type="checkbox"/> MC11	4–6 P.M.
<input type="checkbox"/> MC12	4–6 P.M.
<input type="checkbox"/> MC13	4–6 P.M.
<input type="checkbox"/> MC14	4–6 P.M.
<input type="checkbox"/> MC15	4–6 P.M.
<input type="checkbox"/> MC16	4–6 P.M.
<input type="checkbox"/> MC17	4–6 P.M.

### FRIDAY, NOVEMBER 18

MASTER CLASS #	TIME
<input type="checkbox"/> MC18	8–10 A.M.
<input type="checkbox"/> MC19	8–10 A.M.
<input type="checkbox"/> MC20	8–10 A.M.
<input type="checkbox"/> MC21	8–10 A.M.
<input type="checkbox"/> MC22	8–10 A.M.
<input type="checkbox"/> MC23	8–10 A.M.
<input type="checkbox"/> MC24	8–10 A.M.
<input type="checkbox"/> MC25	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC26	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC27	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC28	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC29	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC30	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC31	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC32	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC33	1:15–3:15 P.M.
<input type="checkbox"/> MC34	1:15–3:15 P.M.
<input type="checkbox"/> MC35	1:15–3:15 P.M.
<input type="checkbox"/> MC36	1:15–3:15 P.M.
<input type="checkbox"/> MC37	1:15–3:15 P.M.
<input type="checkbox"/> MC38	3:45–5:45 P.M.
<input type="checkbox"/> MC39	3:45–5:45 P.M.
<input type="checkbox"/> MC40	3:45–5:45 P.M.
<input type="checkbox"/> MC41	3:45–5:45 P.M.
<input type="checkbox"/> MC42	3:45–5:45 P.M.

### SATURDAY, NOVEMBER 19

MASTER CLASS #	TIME
<input type="checkbox"/> MC43	9:30–11:30 A.M.
<input type="checkbox"/> MC44	9:30–11:30 A.M.
<input type="checkbox"/> MC45	9:30–11:30 A.M.
<input type="checkbox"/> MC46	9:30–11:30 A.M.
<input type="checkbox"/> MC47	9:30–11:30 A.M.
<input type="checkbox"/> MC48	9:30–11:30 A.M.
<input type="checkbox"/> MC49	9:30–11:30 A.M.
<input type="checkbox"/> MC50	9:30–11:30 A.M.

SIG Member:

\_\_\_\_\_ courses x \$25 ea. = \$ \_\_\_\_\_

Non-SIG Member:

\_\_\_\_\_ courses x \$50 ea. = \$ \_\_\_\_\_

Section 5 Total:

\$ \_\_\_\_\_

## SECTION 6: SPECIAL EVENT TICKETS

(NON-REFUNDABLE AFTER NOVEMBER 1, 2022)

THURSDAY, NOVEMBER 17 • 7:30 P.M.

ASHA Fundraiser:  \$125

Section 6 Total:

\$ \_\_\_\_\_

## SECTION 7: ASHA EATS CARD

Pay \$30 for a \$50 ASHA Eats card that may be used at any Convention Center concession stand.

\$30

Section 7 Total:

\$ \_\_\_\_\_

## SECTION 8: DONATIONS

I would like to make a \$ \_\_\_\_\_ (tax-deductible) donation to:

- ASHA PAC  
 Student Fund  
 ASHA Foundation

Section 8 Total:

\$ \_\_\_\_\_

## SECTION 9: PAYMENT

Total Sections 3-8. Payment must accompany your registration form.

Your "TOTAL PAYMENT" may be adjusted if your registration is not postmarked on or before the registration deadlines shown.

Section 3: \$ \_\_\_\_\_

Section 4: \$ \_\_\_\_\_

Section 5: \$ \_\_\_\_\_

Section 6: \$ \_\_\_\_\_

Section 7: \$ \_\_\_\_\_

Section 8: \$ \_\_\_\_\_

TOTAL PAYMENT:

\$ \_\_\_\_\_

### METHOD OF PAYMENT

CHECK: PAYABLE TO ASHA CHARGE:  VISA  MASTERCARD  DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

I authorize ASHA/Spargo, Inc. to charge my account for the "total payment" amount shown above.

NOTE: Confirmation emails are sent out within 7 business days of receipt of this form. If you do not receive your confirmation email, please call 877-585-6005.