

ATTENDEE REGISTRATION FORM

SECTION 1: REGISTRANT INFORMATION

NAME: _____ ASHA ACCOUNT NUMBER: _____

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

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

- I am interested in receiving special offers and promotions from Convention Exhibitors by direct mail.
 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 & DEADLINES

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

MEMBERSHIP CATEGORIES & RATE DEADLINES	EARLY BIRD RATE (8/1-8/31)	ADVANCE RATE (9/1-9/30)	REGULAR RATE (10/1-10/31)	ONSITE RATE (11/1-11/18)	ONE DAY RATE
Non-member	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$545
Member	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$299
Life Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85
National NSSLHA/ASHA Graduate Student Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$170
New Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$199
Clinical Fellow	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$195
Audiology or Speech-Language Pathology Assistant	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$170
Related Professional	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$399
International Affiliate	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$299

VIRTUAL EXTRA PROGRAM—ONLINE ONLY

All membership categories, including non-members \$99

NOTE: Registration for the in-person Full Convention includes access to the Virtual Extra Program. One-day registration does **NOT** include access to the Virtual Extra Program.

GUEST EXHIBIT HALL PASS

Register your guest(s) to receive a badge which will allow them to access the Exhibit Hall during open hours. Special activities will still require a ticket (see below to purchase). Guest status does not include attendance at any professional or scientific sessions. Persons under the age of 18 are not permitted in the Exhibit Hall.

Note: ASHA members may not be registered as guests; they may purchase an Exhibit Hall Only pass after November 1. The Exhibit Hall Only pass does not allow access to the Poster Hall or any sessions and may not be used in lieu of a full registration.

GUEST 1	First Name: _____	Last Name: _____	<input type="checkbox"/> \$75
GUEST 2	First Name: _____	Last Name: _____	<input type="checkbox"/> \$75

SECTION 4: PRE-CONVENTION WORKSHOPS

WEDNESDAY, NOVEMBER 15 • 1:30–4:30 P.M.	NEW ENGLAND STATE RESIDENT:	NON-NEW ENGLAND STATE RESIDENT:
<input type="checkbox"/> PC01: DEI throughout the Professional Pipeline in Speech, Language, and Hearing Sciences	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC02: Implementation Science: The Power of Research-Practice Partnerships to Drive Evidence-Based Practice	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC03: Innovative Practices and Perspectives in AAC	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80

REGISTER BY MAIL ONLY: ASHA Convention, PO BOX 791807, Baltimore, MD 21279-1807

QUESTIONS? CALL: REGISTRATION/864-541-0744 • HOUSING/864-208-2571 • **VISIT** convention.asha.org for full convention details.

ASHA 2023 CONVENTION

SECTION 5: MASTER CLASSES (MC)

Special Interest Group (SIG) Member: \$15 Non-SIG Member: \$30

SIG Members receive a \$15 discount on "SIG-sponsored" Master Classes. For more information please visit <https://rb.gy/1wftq>.

THURSDAY, NOVEMBER 16

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	10:30 A.M.–12:30 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	1–3 P.M.
<input type="checkbox"/> MC11	1–3 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.

FRIDAY, NOVEMBER 17

MASTER CLASS #	TIME
<input type="checkbox"/> MC17	8–10 A.M.
<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	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> MC24	10:30 A.M.–12:30 P.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	1–3 P.M.
<input type="checkbox"/> MC30	1–3 P.M.
<input type="checkbox"/> MC31	1–3 P.M.
<input type="checkbox"/> MC32	1–3 P.M.
<input type="checkbox"/> MC33	1–3 P.M.
<input type="checkbox"/> MC34	1–3 P.M.
<input type="checkbox"/> MC35	3:30–5:30 P.M.
<input type="checkbox"/> MC36	3:30–5:30 P.M.
<input type="checkbox"/> MC37	3:30–5:30 P.M.
<input type="checkbox"/> MC38	3:30–5:30 P.M.

SATURDAY, NOVEMBER 18

MASTER CLASS #	TIME
<input type="checkbox"/> MC39	8:30–10:30 A.M.
<input type="checkbox"/> MC40	8:30–10:30 A.M.
<input type="checkbox"/> MC41	8:30–10:30 A.M.
<input type="checkbox"/> MC42	8:30–10:30 A.M.
<input type="checkbox"/> MC43	8:30–10:30 A.M.
<input type="checkbox"/> MC44	8:30–10:30 A.M.

SECTION 6: SPECIAL EVENT TICKETS

THURSDAY, NOVEMBER 17 • 7:30 P.M.

ASHFoundation Fundraiser: \$125*

*Non-refundable after November 1, 2023.

SECTION 7: ASHA EATS CARD

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

\$30*

SECTION 8: DONATIONS

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

ASHA PAC NSSLHA
 ASHFoundation

SECTION 9: METHOD OF PAYMENT

Payment must accompany your registration form.

(Total Sections 3-8.) TOTAL PAYMENT: \$ _____

NOTE: Your "TOTAL PAYMENT" may be adjusted if your registration is not postmarked on or before the registration deadlines shown in Section 3.

CHECK: PAYABLE TO ASHA

MAIL TO: ASHA Convention / PO BOX 791807
Baltimore, MD 21279-1807

CHARGE: VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

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

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