

ELEVATE!

2024 ASHA CONVENTION

December 5-7 • Seattle, WA



Group Registration Form

ORGANIZATION INFORMATION

ORGANIZATION/EMPLOYER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

CONTACT INFORMATION

CONTACT NAME: _____ ASHA ACCOUNT NO.: _____

PHONE: _____ EMAIL: _____

REGISTRATION RATES & DEADLINES

IN PERSON RATES	EARLY BIRD (8/1-8/31)	ADVANCE (9/1-9/30)	REGULAR (10/1-10/31)	ONSITE (11/1-12/7)
Life Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85
ASHA Member/Affiliate	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549
New Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449
National NSSHLA/ASHA Graduate Student Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230
ASHA Certified Assistant	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230

REGISTRANT INFORMATION

REGISTER 7 OR MORE MEMBERS FROM THE SAME WORKPLACE AND RECEIVE THE 8TH FREE*

*Complimentary rate applies to the lowest registration fee.

REGISTRANT 1 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 1 COST: \$ _____

REGISTRANT 2 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 2 COST: \$ _____

REGISTRANT 3 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 3 COST: \$ _____

REGISTRANT 4 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 4 COST: \$ _____

REGISTRANT 5 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 5 COST: \$ _____

REGISTRANT 6 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 6 COST: \$ _____

REGISTRANT 7 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 7 COST: \$ _____

REGISTRANT 8 NAME: _____

EMAIL: _____

ASHA ACCOUNT NO.: _____ REGISTRATION CATEGORY: _____

REGISTRANT 8 COST: \$ **FREE***

PAYMENT

Payment for all group registrations must be made in **ONE** transaction to receive discount. Purchase orders are **not** accepted.

TOTAL PAYMENT: \$ _____

CREDIT CARD: Credit card payments will be securely processed through a protected link. You will receive the link details after your registration form has been processed.

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

- I authorize ASHA/Maritz, Inc. to charge my account for the "total payment" amount shown above.
- I acknowledge that I have read and agree to the published Maritz, Inc. terms of use and privacy policies at maritz.com/privacy/.
- I acknowledge that I have read and agree to the published Convention Services and Policies at convention.asha.org/services-and-policies/.

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.