

ATTENDEE REGISTRATION FORM

SECTION 1: REGISTRANT INFORMATION

NAME: _____ ASHA ACCOUNT NUMBER: _____

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

STREET: _____

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

PHONE: _____ FAX: _____ EMAIL: _____

☐ I am interested in receiving special offers and promotions from exhibitors by direct mail.

☐ I plan to report my session attendance to earn ASHA CEUs/Professional Development Hours. The deadline to report your attendance for CE credit and receive a Certificate of Completion/Event Report for the 2025 ASHA Convention is December 1.

☐ I require reasonable accommodations and/or assistance to participate in the ASHA Convention.

 Please select all that apply: ☐ Mobility ☐ Visual ☐ Auditory ☐ Other: _____

Note: ASHA's ability to arrange for accommodations is enhanced by early notification. We may be unable to respond to requests received after October 22.

 If registering after this date, please send an email to accessevents@asha.org.

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 (AUGUST 1-31)	ADVANCE RATE (SEPTEMBER 1-30)	REGULAR RATE (OCTOBER 1-31)	ONSITE RATE (NOVEMBER 1-22)	SINGLE DAY RATE
Life Member	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95
Member	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509	<input type="checkbox"/> \$559	<input type="checkbox"/> \$309
National NSSLHA/ASHA Graduate Student Member	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$180
ASHA-Certified Assistant	<input type="checkbox"/> \$259	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$159
New Member	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$209
Clinical Fellow	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$209
Non-ASHA Certified Assistant	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$209
International Affiliate	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509	<input type="checkbox"/> \$559	<input type="checkbox"/> \$309
Related Professional	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$699	<input type="checkbox"/> \$749	<input type="checkbox"/> \$499
Non-member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$699	<input type="checkbox"/> \$749	<input type="checkbox"/> \$499
VIRTUAL PROGRAM (ONLINE ONLY)					
ASHA Life Member	<input type="checkbox"/> \$95	Note: Registration for the in-person Full Convention also allows you to claim CE credits for the Virtual Program. One-Day registration does NOT allow you to claim credit for Virtual Program sessions.			
All other categories, including non-members	<input type="checkbox"/> \$109				

GUEST 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: Individuals eligible for ASHA membership may not be registered as guests; they may purchase another registration category above or Exhibit Hall Only 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"/> \$85
GUEST 2:	First Name: _____	Last Name: _____	<input type="checkbox"/> \$85

SECTION 4: PRE-CONVENTION WORKSHOPS

WEDNESDAY, NOVEMBER 19 • 1:00-4:00 P.M.	WASHINGTON D.C., MD, & VA RESIDENTS	NON-WASHINGTON D.C., MD, & VA RESIDENTS
<input type="checkbox"/> PC01: Diagnosing Autism in Early Childhood: A Parent-Centered Approach	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC02: Best Practices in Early Intervention for Serving Bilingual Children and Families	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC03: Neurology for SLPs: Stroke Imaging and Medical Management of Aphasia	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC04: Talk More and Fear Less: How SLP's Help Transcend Stuttering and Transform Lives	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80

BY MAIL ONLY: ASHA Convention, P.O. BOX 791807, Baltimore, MD 21279-1807

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

ATTENDEE REGISTRATION FORM

SECTION 5: SHORT COURSES (SC)

Special Interest Group (SIG) Member: ☐ \$20

Non-SIG Member: ☐ \$40

SIG Members receive a \$20 discount on "SIG-sponsored" Short Courses, shown in green below.

For more information please visit <https://bit.ly/4nsoUqS>.

THURSDAY, NOVEMBER 20

SHORT COURSE #	TIME
<input type="checkbox"/> SC01	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC02	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC03	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC04	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC05	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC06	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC07	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC08	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC09	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC10	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC11	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC12	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC13	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC14	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC15	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC16	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC17	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC18	4:00 P.M.-6:00 P.M.

FRIDAY, NOVEMBER 21

SHORT COURSE #	TIME
<input type="checkbox"/> SC19	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC20	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC21	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC22	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC23	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC24	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC25	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC26	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC27	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC28	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC29	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC30	10:30 A.M.-12:30 P.M.
<input type="checkbox"/> SC31	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC32	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC33	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC34	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC35	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC36	1:30 P.M.-3:30 P.M.
<input type="checkbox"/> SC37	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC38	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC39	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC40	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC41	4:00 P.M.-6:00 P.M.
<input type="checkbox"/> SC42	4:00 P.M.-6:00 P.M.

SATURDAY, NOVEMBER 22

SHORT COURSE #	TIME
<input type="checkbox"/> SC43	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC44	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC45	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC46	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC47	8:00 A.M.-10:00 A.M.
<input type="checkbox"/> SC48	8:00 A.M.-10:00 A.M.

SECTION 6: ASHA EATS CARD

Pay only \$30 for a \$50 ASHA Eats card and use at any Convention Center concession stand. ☐ \$30*

*Non-refundable after November 1, 2025.

**Non-refundable items including donations to ASHFoundation, ASHA PAC, and Student contributions and ASHFoundation Event Tickets and ASHA-PAC Event Contributions.

Final Refund Request Deadline: Refund requests, registration fees, and other eligible items will not be accepted after December 5, 2025.

SECTION 9: METHOD OF PAYMENT

(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
P.O. BOX 791807
Baltimore, MD 21279-1807

☐ **CREDIT CARD:** Credit card payments will be securely processed.

Do not include your credit card number on this form. You will be emailed a secure link to submit your credit card payment when your registration form is processed. You will receive an email confirmation after your registration has been completed.

SECTION 8: DONATIONS**

I would like to make a tax-deductible donation to:

☐ ASHA-PAC \$ _____

☐ NSSLHA \$ _____

☐ ASHFoundation \$ _____

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