

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

The group discount applies to ASHA members, ASHA Affiliates, and NSSLHA members only.

IN PERSON RATES	EARLY BIRD AUGUST 1-31	ADVANCE SEPTEMBER 1-30	REGULAR OCTOBER 1-31	ONSITE NOVEMBER 1-22
Life Member	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95
ASHA Member/Affiliate	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509	<input type="checkbox"/> \$559
New Member	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459
National NSSLHA/ASHA Graduate Student Member	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240
ASHA Certified Assistant	<input type="checkbox"/> \$259	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409

REGISTRANT INFORMATION

Register 7 or more members from the same workplace and receive the 8th registrant FREE!

*Complimentary/free rate applies to the lowest registration fee.

Registrant 1 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 1: \$ _____

Registrant 2 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 2: \$ _____

Registrant 3 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 3: \$ _____

Registrant 4 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 4: \$ _____

Registrant 5 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 5: \$ _____

Registrant 6 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 6: \$ _____

Registrant 7 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 7: \$ _____

Registrant 8 Name: _____
 Email: _____
 ASHA Account No.: _____ Registration Category: _____
Registrant 8: \$ **FREE***

PAYMENT

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

TOTAL PAYMENT: \$ _____

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

☐ **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

- ☐ 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/.

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.