

SECTION 1 Registrant Information

 Name _____
 ASHA Account Number

Mailing Address (indicate: home work or school)

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 require special assistance (select all that apply; you will be contacted by an ASHA representative):

mobility visual auditory other _____

I plan to report my Convention session attendance to earn ASHA CEU's/Professional Development Hours.

Badge Information

 (facility, city, state)

I would like my badge: mailed to me at the address listed above (only available to full conference registrants with US addresses; badges will be mailed beginning in mid-October)

not mailed to me. I will pick up my badge in Boston

Please note: For both mailed and onsite badges, there will be a \$10 charge to reprint badges after they have been printed once onsite.

SECTION 2(A) Full Convention Fees

	Early Bird (8/1-8/31)	Advance (9/1-9/30)	Regular (10/1-10/31)	Onsite (11/1)
<input type="checkbox"/> Non-Member	\$690	\$730	\$755	\$795
<input type="checkbox"/> ASHA Member	\$390	\$430	\$455	\$495
<input type="checkbox"/> ASHA Life Member	\$85	\$85	\$85	\$85
<input type="checkbox"/> NSSLHA/ASHA Grad Student Member	\$225	\$225	\$225	\$225
<input type="checkbox"/> New ASHA Member/Clinical Fellow	\$290	\$330	\$355	\$395
<input type="checkbox"/> Audiology or Speech-Language Pathology Assistant (Associate)*	\$390	\$430	\$455	\$495
<input type="checkbox"/> Related Professional	\$490	\$530	\$555	\$595
<input type="checkbox"/> International Affiliate	\$390	\$430	\$455	\$495

SECTION 4(B) Tickets: Special Events (non-refundable after November 1, 2018)

Thursday, November 15

- ASHFoundation Fundraiser 7:30-9:30pm Registrant ____ x \$125 ea = \$____
 I cannot attend, but I wish to make a tax deductible contribution to the ASHFoundation \$____

Saturday, November 17

- Closing Party \$20
 Closing Party - Guest Tickets 6:30-9:30pm Qty ____ @ \$25 ea = \$____

SECTION 4(C) Non-Ticketed Events

Thursday, November 15

Your participation in the following activities is included in your registration.

Tickets for these events will be required for guests.

- Opening Session-Guest Tickets 8:30-10:00am Qty ____ @ Free
 Welcome Reception-Guest Tickets 5:00-6:30pm Qty ____ @ \$25 ea = \$____

Friday, November 16

- Awards Ceremony-Guest Tickets 6:30-8:00pm Qty ____ @ Free

Enter convention event fees here \$____

SECTION 4(D) Tickets: Lunches *See website for lunch selections (non-refundable after November 1, 2018)

Thursday, November 15

- Attendee Lunch Attendee Lunch VEGETARIAN
 Guest Lunch (Guest must be registered) Qty ____ @ \$15 ea = \$____

Friday, November 16

- Attendee Lunch Attendee Lunch VEGETARIAN SPECIAL Lobster Roll Lunch ____ \$35
 Guest Lunch (Guest must be registered) Qty ____ @ \$15 ea = \$____

Saturday, November 17

- Attendee Lunch Attendee Lunch VEGETARIAN
 Guest Lunch (Guest must be registered) Qty ____ @ \$15 ea = \$____

Enter lunch fees here \$____

Registration Form

SECTION 5 Short Courses

Fill in blanks with course numbers. See course descriptions at www.convention.asha.org/Short-Courses

	Thursday	Friday	Saturday
Morning Short Courses		SC _____	SC _____
Afternoon Short Courses	SC _____	SC _____	SC _____

Number of courses at SIG-discounted price: _____ x \$40 ea = \$ _____

Number of courses at regular price: _____ x \$80 ea = \$ _____

Special Interest Group members automatically receive a \$40 discount on all SIG-sponsored Short Courses (SC01, SC02, SC04, SC05, SC11, SC13, SC14, SC17, SC19, SC21, SC22, SC25, SC26, SC27, SC28, SC32, SC34, SC35, SC38)

along with other great benefits! Information on the Special Interest Groups can be found at <http://www.asha.org/SIG/>.

Enter short course fees here \$ _____

SECTION 6 Donations

- ASHFoundation Donation \$ _____
- PAC Donation \$ _____
- Student Donation \$ _____

Enter total donation here \$ _____

SECTION 7 Payment

With submission of this paper registration form, I acknowledge that I have read and agree to the published Convention Services and Policies especially as they relate to cancellations, photography photo release, personal data, children, etc. as listed on ASHA's website.

Total Sections 2-6. Payment must accompany registration form. Your total payment may be adjusted if your registration is not postmarked on or before registration deadlines.

Enter total fees here \$ _____

Check Visa MasterCard Discover Card number _____ Exp. ____ / ____

Cardholder Name _____ Signature _____

Signature must be cardholder's signature. I authorize ASHA/Spargo, Inc. to charge my account for the above fees for the 2018 ASHA Convention.

Please note: We cannot confirm receipt of faxes. If you do not receive an email confirmation within one week or have not received your badge (if requested), please call 877-585-6005.