

# Registration Form — Group

When **7 or more members** from the **same workplace** register, receive the **8th registration free**.



Organization/Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registration Category	Early Bird (8/1-8/31)	Advance (9/1-9/30)	Regular (10/1-10/31)	Onsite (11/1)
ASHA Member/Affiliate	\$390	\$430	\$455	\$495
New Member	\$290	\$330	\$355	\$395
NSSLHA Member	\$225	\$225	\$225	\$225

Registrant 1 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 1 Total Cost \$** \_\_\_\_\_

Registrant 2 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 2 Total Cost \$** \_\_\_\_\_

Registrant 3 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 3 Total Cost \$** \_\_\_\_\_

Registrant 4 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 4 Total Cost \$** \_\_\_\_\_

Registrant 5 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 5 Total Cost \$** \_\_\_\_\_

Registrant 6 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 6 Total Cost \$** \_\_\_\_\_

Registrant 7 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 7 Total Cost \$** \_\_\_\_\_

Registrant 8 Name \_\_\_\_\_ ASHA Account No. \_\_\_\_\_

email: \_\_\_\_\_ Registration Category \_\_\_\_\_ **Registrant 8 Total Cost \$** \_\_\_\_\_

With submission to this paper registration form, I acknowledge that I have read and agree to the published convention services and policies listed on ASHA's website.

**Grand Total \$** \_\_\_\_\_

If we have questions when processing your registration, which registrant should we contact?

Name \_\_\_\_\_

ASHA Account No. \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Register Your Way

**Call:** 877-585-6005

**Fax:** 703-563-2715

**Mail:** 2019 ASHA Convention  
c/o J. Spargo & Associates  
11208 Waples Mill Road, Suite 112  
Fairfax, VA 22030

### Payment

Your registration cannot be processed without payment. Payment for all group registrations must be made in one transaction to receive discount. *Sorry, we cannot accept purchase orders.*

Check enclosed. Make payable to ASHA.

MasterCard  Visa  Discover

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Group discount applies to convention ASHA members, affiliates and NSSLHA members only. Group discount does not apply to pre-conference workshops or special event tickets. To receive group discount, payment must be made in one transaction (check or credit card). Badges will be mailed to each registrant at the address provided above. Discount can only be applied to the lesser registration fee.

Visit [convention.asha.org](http://convention.asha.org) for full convention details.