

### 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):

visual  auditory  other \_\_\_\_\_

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

### SECTION 2(C) Virtual-Only Rates

| Membership Category   | Rate  |
|---|-------|
| <input type="checkbox"/> Non-Member*                                      | \$349 |
| <input type="checkbox"/> Member*  | \$249 |
| <input type="checkbox"/> Life Member                                      | \$59  |
| <input type="checkbox"/> National NSSLHA/ASHA Graduate Student Member     | \$79  |
| <input type="checkbox"/> New Member*                                      | \$149 |
| <input type="checkbox"/> Clinical Fellow                                  | \$149 |
| <input type="checkbox"/> Audiology or Speech-Language Pathology Assistant | \$79  |
| <input type="checkbox"/> Related Professional                             | \$349 |
| <input type="checkbox"/> International Affiliate                          | \$249 |

Enter Virtual-Only fees here \$ \_\_\_\_\_

### SECTION 3 Donations

ASHFoundation Donation \$ \_\_\_\_\_

ASHA PAC Donation \$ \_\_\_\_\_

Student Donation \$ \_\_\_\_\_

Enter total donation here \$ \_\_\_\_\_

**\*Discount for Current ASHA Learning Pass Subscribers**

Individuals who fall under one of the membership categories noted above with an asterisk (\*) and who are subscribed to the ASHA Learning Pass will receive a \$100 discount on their registration fee. The discount is for individual subscribers only. Those receiving the Learning Pass through a group subscription, such as through their employer, are not eligible. You must already be subscribed to the Learning Pass when you register; the discount cannot be applied retroactively. The discount will automatically be applied when you sign in to register.

### SECTION 4 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.

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 2021 ASHA Convention/Virtual Library.

**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.

**Fax:** 703-563-2715 • **Mail:** ASHA Registration, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030