

**SECTION 1: REGISTRANT INFORMATION**

NAME: \_\_\_\_\_

ASHA ACCOUNT NUMBER: \_\_\_\_\_

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

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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 plan to report my Convention session attendance to earn ASHA CEU's/Professional Development Hours.
- I require special assistance to participate virtually. (You will be contacted by an ASHA representative.)

Please select all that apply:  Visual  Auditory  Other: \_\_\_\_\_

**SECTION 2: VIRTUAL LIBRARY RATES**

| MEMBERSHIP CATEGORIES                            | EARLY BIRD RATES<br>(8/31-10/31) | REGULAR RATES<br>(11/1-11/28)  |
|--|----------------------------------|--------------------------------|
| Non-member*                                      | <input type="checkbox"/> \$449   | <input type="checkbox"/> \$490 |
| Member*  | <input type="checkbox"/> \$349   | <input type="checkbox"/> \$390 |
| Life Member                                      | <input type="checkbox"/> \$59    | <input type="checkbox"/> \$59  |
| National NSSHLA/ASHA Graduate Student Member     | <input type="checkbox"/> \$165   | <input type="checkbox"/> \$165 |
| New Member*                                      | <input type="checkbox"/> \$249   | <input type="checkbox"/> \$290 |
| Clinical Fellow                                  | <input type="checkbox"/> \$249   | <input type="checkbox"/> \$290 |
| Audiology or Speech-Language Pathology Assistant | <input type="checkbox"/> \$165   | <input type="checkbox"/> \$165 |
| Related Professional*                            | <input type="checkbox"/> \$349   | <input type="checkbox"/> \$390 |
| International Affiliate*                         | <input type="checkbox"/> \$349   | <input type="checkbox"/> \$390 |

**NOTE:** Individuals who fall under one of the membership categories 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.

\*Discount for current ASHA Learning Pass subscribers. See NOTE above right.

**Section 2 Total:**  
\$ \_\_\_\_\_

**SECTION 3: DONATIONS**

I would like to make a \$ \_\_\_\_\_ (tax-deductible) donation to:  ASHA PAC  Student Fund  ASHA Foundation

**Section 3 Total:**  
\$ \_\_\_\_\_

**SECTION 4: PAYMENT**

Total Sections 2 and 3. **Payment must accompany your registration form.**

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

Section 2: \$ \_\_\_\_\_

Section 3: \$ \_\_\_\_\_

**TOTAL PAYMENT:**  
\$ \_\_\_\_\_

**METHOD OF PAYMENT**

CHECK: PAYABLE TO ASHA

MAIL TO: ASHA REGISTRATION  
 11208 WAPLES MILL ROAD, SUITE 112  
 FAIRFAX, VA 22030

CHARGE:  VISA  MASTERCARD  DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

(THIS BOX MUST BE CHECKED) I authorize ASHA/Spargo, Inc. to charge my account for the "total payment" amount shown above.