

# GROUP REGISTRATION FORM

## ORGANIZATION INFORMATION

ORGANIZATION/EMPLOYER NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## CONTACT INFORMATION

CONTACT NAME: \_\_\_\_\_ ASHA ACCOUNT NO.: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## REGISTRATION RATES & DEADLINES

IN PERSON RATES	EARLY BIRD (8/1-8/31)	ADVANCE (9/1-9/30)	REGULAR (10/1-10/31)	ONSITE (11/1)	VIRTUAL EXTRA ONLINE PROGRAM RATE
ASHA Member/Affiliate	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	All membership categories, including non-members <input type="checkbox"/> \$99
New Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	
National NSSLHA/ASHA Graduate Student Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	
Audiology or Speech-Language Pathology Assistant	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	

**NOTE:** Registration for the in-person Full Convention includes access to the Virtual Extra Program.

## REGISTRANT INFORMATION

**REGISTER 7 OR MORE MEMBERS FROM THE SAME WORKPLACE AND RECEIVE THE 8th FOR FREE\***

(\*Complimentary rate applies to the lowest registration fee.)

<b>REGISTRANT 1 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 1 COST: \$</b> _____	<b>REGISTRANT 5 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 5 COST: \$</b> _____
<b>REGISTRANT 2 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 2 COST: \$</b> _____	<b>REGISTRANT 6 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 6 COST: \$</b> _____
<b>REGISTRANT 3 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 3 COST: \$</b> _____	<b>REGISTRANT 7 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 7 COST: \$</b> _____
<b>REGISTRANT 4 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 4 COST: \$</b> _____	<b>REGISTRANT 8 NAME:</b> _____ <b>EMAIL:</b> _____ <b>ASHA ACCOUNT NO.:</b> _____ <b>REGISTRATION CATEGORY:</b> _____ <b>REGISTRANT 8 COST: \$</b> <b>FREE*</b>

## METHOD OF PAYMENT

Payment must accompany your registration form. 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.

**CHECK:** PAYABLE TO ASHA  
**MAIL TO:** ASHA Convention  
 PO BOX 791807, Baltimore, MD 21279-1807

**CHARGE:**  VISA  MASTERCARD  DISCOVER  
 CARD NUMBER: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_  
 CARDHOLDER NAME: \_\_\_\_\_  
 CARDHOLDER SIGNATURE: \_\_\_\_\_

- I acknowledge that I have read and agree to the published Convention Services and Policies at [convention.asha.org/services-and-policies/](http://convention.asha.org/services-and-policies/).
- I authorize ASHA/Maritz, Inc. to charge my account for the "total payment" amount shown above.

**REGISTER BY MAIL ONLY:** ASHA Convention, PO BOX 791807, Baltimore, MD 21279-1807

**QUESTIONS? CALL:** REGISTRATION/864-541-0744 • HOUSING/864-208-2571 • **VISIT** [convention.asha.org](http://convention.asha.org) for full convention details.