

ELEVATE!

2024 ASHA CONVENTION

December 5-7 • Seattle, WA



Attendee Registration Form

SECTION 1: REGISTRANT INFORMATION

NAME: _____ ASHA ACCOUNT NUMBER: _____

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

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

- I am interested in receiving special offers and promotions from Convention Exhibitors by direct mail.
- I plan to report my Convention session attendance to earn ASHA CEU's/Professional Development Hours. The deadline to report your attendance at sessions for CE credit and receive a Certificate of Completion/Event Report for the 2024 ASHA Convention is **December 13**.

I require reasonable accommodations and/or assistance to participate in the ASHA Convention.

Please select all that apply: Mobility Visual Auditory Other: _____

Note: ASHA's ability to arrange for accommodations is enhanced by early notification. We may be unable to respond to requests received after November 8. If registering after this date, please send an email to accessevents@asha.org.

SECTION 2: BADGE INFORMATION

FACILITY NAME: _____ CITY: _____ STATE: _____

SECTION 3: CONVENTION RATES & DEADLINES

Which day(s) do you plan on attending? All days Thursday only Friday only Saturday only

MEMBERSHIP CATEGORIES & RATE DEADLINES	EARLY BIRD RATE (8/1-8/31)	ADVANCE RATE (9/1-9/30)	REGULAR RATE (10/1-10/31)	ONSITE RATE (11/1-12/7)	ONE DAY RATE
Life Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85
Member	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$299
National NSSHLA/ASHA Graduate Student Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$170
ASHA Certified Assistant	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$170
New Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$199
Clinical Fellow	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$195
Non-ASHA Certified Assistant	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$195
International Affiliate	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$299
Related Professional	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$399
Non-member	<input type="checkbox"/> \$499	<input type="checkbox"/> \$549	<input type="checkbox"/> \$599	<input type="checkbox"/> \$649	<input type="checkbox"/> \$545

VIRTUAL PROGRAM (ONLINE ONLY)

ASHA Life Member	<input type="checkbox"/> \$85	NOTE: Registration for the in-person Full Convention includes access to the Virtual Program. One-day registration does <u>NOT</u> include access to the Virtual Program.
All other categories, including non-members	<input type="checkbox"/> \$99	

GUEST PASS

Register your guest(s) to receive a badge which will allow them to access the Exhibit Hall during open hours. Special activities will still require a ticket (see below to purchase). Guest status does not include attendance at any professional or scientific sessions. Persons under the age of 18 are not permitted in the Exhibit Hall.

Note: Individuals eligible for ASHA membership may not be registered as guests; they may purchase another registration category above or an Exhibit Hall Only pass after November 1. The Exhibit Hall Only pass does not allow access to the Poster Hall or any sessions and may not be used in lieu of a full registration.

GUEST 1	First Name: _____	Last Name: _____	<input type="checkbox"/> \$75
GUEST 2	First Name: _____	Last Name: _____	<input type="checkbox"/> \$75

SECTION 4: PRE-CONVENTION WORKSHOPS

WEDNESDAY, DECEMBER 4 • 1:00-4:00 P.M.	WASHINGTON STATE RESIDENT	NON-WASHINGTON STATE RESIDENT
<input type="checkbox"/> PC01: Dysphagia Management: Moving Toward a Model of More Comprehensive Care	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC02: Innovations in ASD Research and Evidence-Based Developmental Intervention Techniques Focused on the Visual Pathway	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80
<input type="checkbox"/> PC03: Dynamic Temporal and Tactile Cueing (DTTC): How, Why and Solving Common Problems in Therapy	<input type="checkbox"/> \$40	<input type="checkbox"/> \$80

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 for full convention details.

2024 ASHA CONVENTION

SECTION 5: SHORT COURSES (SC)

Special Interest Group (SIG) Member: \$15 Non-SIG Member: \$30

SIG Members receive a \$15 discount on "SIG-sponsored" Short Courses, shown in green below.
For more information please visit <http://bit.ly/3W4Llpw>.

THURSDAY, DECEMBER 5

SHORT COURSE #	TIME
<input type="checkbox"/> SC01	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC02	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC03	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC04	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC05	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC06	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC07	10:00 A.M.–12:00 P.M.
<input type="checkbox"/> SC08	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC09	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC10	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC11	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC12	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC13	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC14	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC15	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC16	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC17	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC18	3:30 P.M.–5:30 P.M.

FRIDAY, DECEMBER 6

SHORT COURSE #	TIME
<input type="checkbox"/> SC19	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC20	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC21	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC22	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC23	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC24	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> SC25	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> SC26	10:30 A.M.–12:30 P.M.
<input type="checkbox"/> SC27	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC28	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC29	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC30	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC31	1:00 P.M.–3:00 P.M.
<input type="checkbox"/> SC32	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC33	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC34	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC35	3:30 P.M.–5:30 P.M.
<input type="checkbox"/> SC36	3:30 P.M.–5:30 P.M.

SATURDAY, DECEMBER 7

SHORT COURSE #	TIME
<input type="checkbox"/> SC37	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC38	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC39	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC40	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC41	8:00 A.M.–10:00 A.M.
<input type="checkbox"/> SC42	8:00 A.M.–10:00 A.M.

SECTION 6: SPECIAL EVENT TICKETS

DECEMBER 5 • 7:00 P.M.

ASHFoundation Fundraiser: \$135**

*Non-refundable after November 1, 2024.

**Non-refundable Donations (ASHFoundation, ASHA PAC, NSSLHA), ASHFoundation Fundraiser tickets.

SECTION 7: ASHA EATS CARD

Pay only \$30 for a \$50 ASHA Eats card and use at any Convention Center concession stand. \$30*

SECTION 8: DONATIONS**

I would like to make a tax-deductible donation to:

- ASHA PAC \$ _____
 NSSLHA \$ _____
 ASHFoundation \$ _____

SECTION 9: METHOD OF PAYMENT

(Total Sections 3-8) TOTAL PAYMENT: \$ _____

NOTE: Your "TOTAL PAYMENT" may be adjusted if your registration is not postmarked on or before the registration deadlines shown in Section 3.

CHECK: PAYABLE TO ASHA

Mail to: ASHA Convention
PO BOX 791807
Baltimore, MD 21279-1807

CREDIT CARD: Credit card payments will be securely processed through a protected link. You will receive the link details after your registration form has been processed.

- I authorize ASHA/Maritz, Inc. to charge my account for the "total payment" amount shown above.
 I acknowledge that I have read and agree to the published Maritz, Inc. terms of use and privacy policies at maritz.com/privacy/.
 I acknowledge that I have read and agree to the published Convention Services and Policies at convention.asha.org/services-and-policies/.

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