

REGISTRATION FORM

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Cell () _____ Work () _____

Fax () _____ Email _____

☐ SLP | Lic# _____ Exp _____
 ☐ AUD | Lic# _____ Exp _____
 ☐ Paraprofessional/SLPA
 ☐ Student

Place of Employment (Students - Print name of University/College) _____

CSHA 2019 Annual Convention Registration Fees
REGISTRATION TYPE
EARLY BIRD
REGISTRATION RATES
 1/15/2020-2/14/2020

REGISTRATION RATES
 2/15/2020-3/22/2020
FULL REGISTRATION (all 4 days)

(Check days attending)

Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$370	<input type="checkbox"/> \$481
Non-Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$550	<input type="checkbox"/> \$715
Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$160	<input type="checkbox"/> \$208
Non-Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$270	<input type="checkbox"/> \$351
Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$140	<input type="checkbox"/> \$182
Non-Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$205	<input type="checkbox"/> \$267
Life Member	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325

TWO DAY REGISTRATION

Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$310	<input type="checkbox"/> \$403
Non-Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$475	<input type="checkbox"/> \$617
Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$140	<input type="checkbox"/> \$182
Non-Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$250	<input type="checkbox"/> \$267
Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$125	<input type="checkbox"/> \$247
Non-Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$190	<input type="checkbox"/> \$163
Life Member	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$210	<input type="checkbox"/> \$273

ONE DAY REGISTRATION

Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$215	<input type="checkbox"/> \$280
Non-Member Professional	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$390	<input type="checkbox"/> \$507
Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$110	<input type="checkbox"/> \$143
Non-Member Paraprofessional, (SLPA)	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$200	<input type="checkbox"/> \$260
Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$85	<input type="checkbox"/> \$111
Non-Member Student	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$150	<input type="checkbox"/> \$195
Life Member	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$150	<input type="checkbox"/> \$195

ADDITIONAL OPTIONS/FEES (Check all courses attending)
☐ **Guest Badges** (Print names below) # _____ of badges @ \$50 each = \$ _____
Guest Name(s) (Please Print) _____
☐ **Exhibit Hall Only Badge** # _____ of badges @ \$50 each = \$ _____

TOTAL AMOUNT DUE \$ _____

☐ Checks and Money Orders payable to: **CSHA (\$25 Returned Check Charge)**
 mailed, faxed or emailed Registration forms are subject to an additional \$35.00 processing fee. Please include this fee in your payment.

☐ Payment by Credit Card (If fees are not accurately computed, CSHA will debit credit card accordingly)

☐ Mastercard | ☐ Visa | ☐ AmEx | ☐ Discover **Total Charge Amount** \$ _____

First Name, Last Name: _____

Card Billing Address:

Street Address _____

City _____ State _____ Zip _____

Account #: _____ Exp Date _____

CCV Code _____ Signature (Required): _____

All purchase orders need to be received no later than **March 2, 2020**.

Purchase Orders will not be processed on site.

MAILING ADDRESS
 CSHA
 825 University Avenue
 Sacramento, CA 95825-
 6724

 (916) 921-1568 Phone
 (916) 661-4777 Fax

☐ **ADA** | If you have a disability, as identified by the Americans with Disabilities Act, and anticipate needing assistance while at the convention, please contact hcioffi@cscha.org by February 28, 2020