

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) _____

REGISTRATION TYPE	SUPER EARLY BIRD REGISTRATION RATES 11/20/2020	EARLY BIRD REGISTRATION RATES 12/11/2020	REGISTRATION RATES 01/15/2021	LATE REGISTRATION RATES 02/05/2021	ONSITE REGISTRATION RATES 03/11/2021
Full conference registration includes access to recorded sessions up to three weeks after the event					
FULL REGISTRATION (all 4 days)					
Member SLP	<input type="checkbox"/> \$299	<input type="checkbox"/> \$350	<input type="checkbox"/> \$399	<input type="checkbox"/> \$450	<input type="checkbox"/> \$499
Non-Member SLP	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725
Member SLPA/ Associate	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250
Non-Member SLPA/Associate	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Member Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199
Non-Member Student	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299
Life Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
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 **February 19, 2021**.
 Purchase Orders will not be processed on site.*

CSHA Membership Pricing:
SLP: \$160
SLPA: \$85
Student: \$50

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@csha.org by February 28, 2021