

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
<i>One-day conference registration does not include access to recorded sessions up to three weeks after the event</i>						
ONE-DAY REGISTRATION (Check day attending)						
Member SLP	<input type="checkbox"/> Thursday	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299
Non-Member SLP	<input type="checkbox"/> Saturday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$499
Member SLPA/ Associate	<input type="checkbox"/> Thursday	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199
Non-Member SLPA/Associate	<input type="checkbox"/> Saturday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299
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

POSTMARKED PRE-REGISTRATION DEADLINE 03/02/2021 | CONVERGENCE 2021, CSHA VIRTUAL CONFERENCE | VIRTUAL EVENT | MARCH 11-14, 2021