

## 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	<del>SUPER EARLY BIRD REGISTRATION RATES 11/20/2020</del>	EARLY BIRD REGISTRATION RATES 12/11/2020	REGISTRATION RATES 12/12/2020- 1/15/2021	LATE REGISTRATION RATES 1/16/2021- 2/05/2021	ONSITE REGISTRATION RATES 2/6/2021 3/11/2021
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One-day conference registration **does not** include access to recorded sessions up to three weeks after the event

### ONE-DAY REGISTRATION (Check day attending)

Member SLP	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<del>\$175</del>	<del>\$199</del>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299
Non-Member SLP	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<del>\$350</del>	<del>\$375</del>	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$499
Member SLPA/ Associate	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<del>\$100</del>	<del>\$125</del>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$199
Non-Member SLPA/Associate	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<del>\$200</del>	<del>\$225</del>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$299
<b>TOTAL AMOUNT DUE</b>		<b>\$</b>				

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](mailto:hcioffi@csha.org) by February 28, 2021