KSHA Conference Registration

**Easy ways to register:**

ONLINE [www.ksha.org](http://www.ksha.org)

FAX Send form to 316-202-2299

PHONE Call 316-202-2288 with credit card

MAIL Form & fees to: KSHA, 148 S. Bay Country Ct., Wichita, KS 67235

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Choose one:** o SLP o AUD

**Name on badge** (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Student o Assistant/Paraprofessional o Other

**Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please specify if you require special assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **POSTMARKED:** | **Before 9/8/17** | **After 9/8/17** |
| Audiology Learning Lab (Thursday 9am-4pm): Fitting Best Practices-Probe Mic Measures & More | **$ 95** | **$ 115** |
| KSHA / Other state-SHA member/ KSHA Life Member | **$ 155** | **$175** |
| Non-KSHA Member (SLP or Audiologist) | **$275** | **$ 295** |
| KSHA Student Member / Paraprofessional | **$ 45** | **$55** |
| Non-member Student | **$ 55** | **$65** |
| KSHA member-Saturday only | **$ 75** | **$95** |
| Non-Member Professional – Saturday only | **$195** | **$215** |
| **FRIDAY LUNCH – Circle ONE choice:**1. Southwestern Chicken
2. Boulevard Pale Ale Brined Pork Loin
3. Vegetarian Option
 | **$ 20** | **N/A** |
| **TOTAL** |  |  |

**Do you plan to attend the Poster session?** o Yes o No o Maybe

**Do you plan to attend the Social Event on Friday evening (KSHA provides snacks, cash bar)?** o Yes o No o Maybe

**Would you be interested in attending a seminar in the KC area on the topic of motor speech and the Communicative Effectiveness Survey-Revised (a measure of motor speech and Parkinson’s disease)?** o Yes o No o Maybe

o **Check enclosed** (payable to KSHA) o **Purchase order enclosed** / PO number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o **Charge to:** o Visa o Mastercard o AMEX o Discover **Card number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date**\_\_\_\_\_\_\_\_\_\_\_ **CVV code on the back**\_\_\_\_\_\_\_\_\_\_ *If billing address is different from above, please include:*

**Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature Date**

**Cancellation policy:** If received in writing at least one day before the conference begins, KSHA will refund your registration after a $30.00 administrative fee. Cancellations not received by the date required will not be eligible for a refund. No-shows will be billed. Retain a copy of this form and your cancelled check for tax purposes.

**SESSION CHOICES *– Registration does not guarantee a seat. Seating is first come, first seated.***

**Audiology Sessions Speech-Language Pathology Sessions**

O AUD 1

O AUD 2

O AUD 3

O AUD 4

O AUD 5

O AUD 6

O AUD 7

O AUD 8

O AUD 9

O AUD 10

O AUD 11

O AUD 12

O AUD 13

O AUD 14

O AUD 15

O AUD 16

O SLP 1

O SLP 2

O SLP 3

O SLP 4

O SLP 5

O SLP 6

O SLP 7

O SLP 8

O SLP 9

O SLP 10

O SLP 11

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