

Registration Form

2009 Fall Hearing and Speech Conference

September 25-26, 2009, Embassy Suites, Greensboro, North Carolina

Registration information is posted at our website www.ncshla.org

NOTE: Please pre-register to avoid lines at the registration and CEU tables. Ample seating should be available, on a first-come, first-seated basis.

1. Complete and return this form. Remember to indicate your lunch reservations.
2. Mail form and fees to: **2009 Fall Conference**
PO Box 28359
Raleigh, NC 27611-8359
3. Pre-registration deadline: Postmarked on or before **September 5, 2009**.
4. Hotel reservation deadline: **September 3, 2009**. Call 800-EMBASSY.

PARTICIPANT INFORMATION (please print)

Name: _____

Mailing Address: _____

Phone: _____ Email address: _____

(required for confirmation receipt)

Employer or University: _____

Area of Practice or Study: Speech/Language Audiology Dual Other

Friday Luncheon Yes No

(Please mark only if you plan on attending. The luncheon is free, but registration is required.)

SESSIONS (Check all sessions you wish to attend. See schedule for times. You may not select overlapping sessions.)

Audiology

- Session A-1 Session A-6
- Session A-2 Session A-7
- Session A-3 Session A-8
- Session A-4 Session A-9
- Session A-5 Session A-10

Speech

- Session S-1 Session S-9
- Session S-2 Session S-10
- Session S-3 Session S-11
- Session S-4 Session S-12
- Session S-5 Session S-13
- Session S-6 Session S-14
- Session S-7 Session S-15
- Session S-8 Session S-16

REGISTRATION FEES (circle and enclose appropriate fee(s) for each item) *NOTE: NCSHLA Members must have paid their current year dues no later than September 1, 2009 in order to receive the MEMBER registration rate. CEU Processing fees are additional.*

A. Basic Registration

	Full Conference		Friday	Saturday	
	Fri - Sat		Only	Only	
	By 9/5/09	After 9/5/09			
NCSHLA Active Member	\$150	\$200	\$100	\$100	\$ _____
NCSHLA Associate Member	\$140	\$190	\$90	\$90	\$ _____
NCSHLA Life Member	\$0	\$0	\$0	\$0	\$ _____
Non-Member	\$360	\$410	\$190	\$190	\$ _____
Student	\$35	\$45	\$25	\$25	\$ _____
Student Member Volunteer	\$30	\$40	\$20	\$20	\$ _____

B. CEU Forms: (Please circle each CEU desired) ASHA AAA DPI HADFB \$10 \$ _____

Indicate here any special needs you may have for the Conference: _____

SPONSORSHIP OPPORTUNITIES (The following sponsorship opportunities are available at the convention. For each type, 3 levels are available: Gold (\$400+); Silver (\$200-\$399); and Bronze (\$75-\$199). Indicate your amount at right. All sponsors will be recognized during the convention. Complete sponsorship info only if different from Participant info above.)

- NCSHLA Student Member Volunteer** For \$25 you can have an impact \$ _____
- Speakers** \$400 or more (anticipated cost \$4500+) \$ _____
- Beverage Break** \$250 or more (anticipated cost \$2000+) \$ _____
- Lunch** \$350 or more (anticipated cost \$5000+) \$ _____
- General Conference Expenses** **\$ any amount will be greatly appreciated** \$ _____

Name and Title of Person Responsible for Sponsorship _____

Full Name of Sponsoring Agency _____

Billing Address _____

Phone _____ Fax _____ Email Address _____

Be sure to add the fees from each section to arrive at your total registration cost. **TOTAL FEES ENCLOSED:** _____
Make check payable to NCSHLA.

PAYMENT / CARD INFORMATION Check is enclosed, made payable to NCSHLA. Visa Mastercard

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: _____