

# GSHA Annual Convention Registration Form

## February 4-6, 2016 · Savannah, GA

Online Registrations available at [www.gsha.org/convention](http://www.gsha.org/convention)

Pre-registration must be postmarked by January 5, 2016. After that date, please make sure to send the regular registration fee shown below. Your registration will be returned for failure to pay the proper fee.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business/Work/School Name: \_\_\_\_\_

Business/Work/School Phone Number: \_\_\_\_\_

### Professional Setting

SLP  SLPA  AUD  OPT  Student  Parent  Retired  
 Other \_\_\_\_\_

**In which of the following settings do you currently work? (check all that apply)**

Home Health Agency  Long-Term Health Care  
 Medical Facility (acute/outpatient/rehab unit)  Private Practice  
 School  Public Agency  University/College (student)  
 University/College (non-student)

### Additional information

I have a disability and require assistance to participate in this conference. If checked, please attach a list of services you require.  
 I have a dietary restrictions/allergies. Please list.  
Is this your first convention?  Yes  No

### How did you learn about the 2016 GSHA Convention?

GSHA Brochure Mailing  GSHA E-News  GSHA Website   
GSHA or ASHA email message  Colleague/Friend  
 University faculty  I've attended before.  Other: \_\_\_\_\_

**For networking purposes, would you like your contact information to appear on the meeting's registration list seen by fellow attendees and exhibitors?**  Yes  No

By registering for this conference, I hereby grant permission to use any and all photographic imagery and video.

You may join GSHA at the time you register for the convention to qualify for the lower convention rate. GSHA membership runs July 1 thru June 30. If you submit a membership application with your convention registration, you will receive a \$10 coupon good towards next year's membership. To become a member of GSHA and qualify for the lower convention rates, you MUST include a membership application and dues payment WITH your convention registration. You can download a membership application from the GSHA web site at [www.gsha.org](http://www.gsha.org).

Members of the state Speech-Language-Hearing Associations in Florida, Georgia, Alabama, Tennessee, North Carolina, and South Carolina may register at the "Member" rate. Contact GSHA at [execdir@gsha.org](mailto:execdir@gsha.org) for detail.

### Cancellation Policy

Cancellation/Refund Policy: Requests for refunds must be submitted in writing to the GSHA Management Office and postmarked no later than January 5, 2016. A \$35 cancellation fee will be assessed. Refunds will not be processed until after the convention.

	Early Bird Registration Postmarked by 1/5/16	Regular Registration After 1/4/16	Total
<b>PRE-CONVENTION - (Thurs. Feb 4)</b>			
Conference Attendee	\$35	\$35	\$ _____
Parent or Caregiver of a Person with a Communication Disorder	\$35	\$35	\$ _____
Pre-Convention Only	\$50	\$50	\$ _____
<b>CONVENTION- (Fri. Feb 5 &amp; Sat. Feb 6)</b>			
GSHA Member	\$220	\$270	\$ _____
Non-Member	\$346	\$396	\$ _____
Student GSHA Member	\$70	\$120	\$ _____
Student Non-Member	\$180	\$230	\$ _____
Parent or Caregiver of a Person with a Communication Disorder	\$70	\$70	\$ _____
<b>ONE-DAY ONLY</b>			
One-day GSHA Member (Friday only)	\$145	\$195	\$ _____
One-day Non-Member (Friday only)	\$195	\$245	\$ _____
One-day GSHA Member (Saturday only)	\$145	\$195	\$ _____
One-day Non-Member (Saturday only)	\$195	\$245	\$ _____
<b>TOTAL AMOUNT DUE:</b>			<b>\$ _____</b>

**PAYMENT METHOD:**  Check enclosed  MasterCard  Visa  Amex

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Check/Form to GSHA Headquarters; 925B Peachtree Street NE Suite 620, Atlanta, GA 30309 or call 407-774-7880