



# GSHA VIRTUAL CONVENTION REGISTRATION FORM

February 5-6 2021

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

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

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

\_\_\_\_\_

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

Employer/Business: \_\_\_\_\_

### Registration Type:

SLP                       Student                       AUD                       Other \_\_\_\_\_

SLPA                       Retired                       Parent

Do you want to earn ASHA CEUs? **Yes No**

Enter your 8 digit ASHA number or 00000000 if you do not know or have an ASHA number

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### Additional Information

Is this your first convention? **Yes No**

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

Cancellation Policy: As all live sessions will be recorded and available following the live convention we will not be offering refunds for registration. Registrations are non-transferrable.

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

Home Health Agency       Long-Term Care                       Private Practice

Medical Facility School       Public Agency                       Schools

Other \_\_\_\_\_



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**Any ASHA affiliated Speech-Language-Hearing Association members in ALL states may register at the “Member” rate. Specify state: \_\_\_\_\_**

**Not a GSHA member? Join here: <https://www.gsha.org/join-or-renew>**

Professional State Association Member \$40	
Professional Non-Member \$120	
Student GSHA \$20	
Parent/Caregiver \$20	
<b>TOTAL</b>	

**\*\*Any attendees who register for the live event will have access to all recorded sessions following the convention\*\***

\_\_\_\_\_ I plan to attend the live event on February 5 & 6 with access to recorded sessions (self-study) following the convention (This live course may include pre-recorded sessions)

\_\_\_\_\_ I do not plan to attend the live event on February 5 & 6 but plan to access recorded sessions (self-study) following the convention

Check Enclosed       Credit Card (MasterCard/Visa/AmEx)

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Zip : \_\_\_\_\_

**Mail or fax (credit card payments only) payment and registration form to: GSHA P.O. Box 1867 Buford, GA 30515 or fax to 470-777-2634. Please call 770-405-9552 with any questions, or email [execdir@gsha.org](mailto:execdir@gsha.org)**