

2018 KSHA CONVENTION

Lexington, Kentucky

Register online at www.ksha.info! Early Registration Deadline is January 18, 2018

ATTENDEE INFORMATION

KSHA Membership Number _____

SLP AUD OT PT

Name (preferred for badge) _____

Attendee Email (required for online CEU reporting) _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

Medical Allergies/Medical Needs: _____

CONVENTION REGISTRATION FEES

*In order to qualify for member rate, you must be a 2018 KSHA member

	Early Registration On or Before 1/18/18	After 1/18/18	Insert Amount Due
Membership Fees – Renew or join by including your payment			
Yes <input type="checkbox"/> Renew my membership <input type="checkbox"/> Joining today Review the membership table to select the right level for you.			\$
Full Convention Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	\$165	\$210	\$
Non-Member	\$295	\$340	\$
*Student Member	\$30	\$40	\$
Student Non-Member	\$40	\$50	\$
Single Day Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	\$90	\$110	\$
Non-Member	\$175	\$195	\$
*Student Member	\$20	\$30	\$
Student Non-Member	\$25	\$35	\$
Saturday Only			
Professionals	\$55	\$65	\$
Students	\$15	\$15	\$
Luncheon Options (Pre-registrations required)			
• Awards Luncheon (Friday) - Cost: \$20			\$
• Audiologists Luncheon (Thursday) - Complimentary			Yes <input type="checkbox"/>
Foundation Donation			
			\$
TOTAL DUE WITH REGISTRATION			\$

MEMBERSHIP RATES

For explanation of rates, visit www.ksha.info.

Full Member	Associate/ SLPA Member	Recent Graduate	Student Member
\$50 Master's Degree or higher	\$40 Bachelor's Degree or in the field	\$35 Graduated within the last 30 days	No Charge Full-Time 9 Hrs./Semester

SELECT METHOD OF PAYMENT:

Cancellations: A refund less \$25 processing fee will be issued if the KSHA Office is notified in writing by February 8, 2018.

- Register online with a credit card at www.ksha.info
- Fax to 888-729-3489
- Mail

Send completed registration form with check or credit card information (checks payable to KSHA):

KSHA
838 East High Street, Suite 263
Lexington, KY 40502

- Purchase Order
Fax purchase order and registration form to 888-729-3489
(Registrations not accepted without purchase order.)
- Credit Card

Visa MasterCard Discover AMEX

X _____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

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Please indicate which sessions you are likely to attend.

SESSION SELECTION

Wednesday Sessions

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Thursday Sessions

- 11 20 29 38
 12 21 30 39
 13 22 31 40
 14 23 32 41
 15 24 33 42
 16 25 34 43
 17 26 35 44
 18 27 36
 19 28 37

Friday Sessions

- 45 54 63 72
 46 55 64 73
 47 56 65 74
 48 57 66 75
 49 58 67 76
 50 59 68 77
 51 60 69
 52 61 70
 53 62 71

Saturday Sessions

- 78
 79
 80
 81
 82
 83