

2019 KSHA CONVENTION

Lexington, Kentucky

Register online at www.ksha.info! Early Registration Deadline is January 16, 2019

ATTENDEE INFORMATION

KSHA Member Number _____

SLP AUD OT PT First Time Attendee

Name (preferred for badge) _____

Attendee Email (required for online CE reporting) _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

SPECIAL REQUESTS/NEEDS: KSHA honors special meal requests that are related to allergy needs. Special requests due to personal choice and religion are considered, based on KSHA's availability to provide the meal at the same expense as the planned meal. All requests must be indicated at the time of registration for a special meal. A card will be provided in your registration packet and is required for a special meal. A special meal cannot be requested without a card. Attendees will be notified prior to the event if their request can be honored. **For meal functions, I request:** Regular Gluten-Free Dairy-Free Vegetarian/Vegan

Additional Special Needs: _____

CONVENTION REGISTRATION FEES

*In order to qualify for member rate, you must be a 2019 KSHA member

	Early Registration On or Before 1/16/19	After 1/16/19	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	\$135	\$
Non-Member	\$175	\$220	\$
*Student Member	\$20	\$30	\$
Student Non-Member	\$25	\$35	\$
Saturday Only			
Professionals	\$55	\$75	\$
Students	\$15	\$15	\$
Luncheon Options (Pre-registrations required)			
• Awards Luncheon (Friday) - Cost: \$20			\$
• Session 28 – 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 year	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 6, 2019.

- 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 _____

SESSION SELECTION

Please indicate which sessions you are likely to attend.

Wednesday Sessions

- 1 6
 2 7
 3 8
 4 9
 5

Thursday Sessions

- 10 18 26 35
 11 19 27 36
 12 20 29 37
 13 21 30 38
 14 22 31 39
 15 23 32 40
 16 24 33 41
 17 25 34 42

Friday Sessions

- 43 52 61 70
 44 53 62 71
 45 54 63 72
 46 55 64 73
 47 56 65 74
 48 57 66 75
 49 58 67 76
 50 59 68
 51 60 69

Saturday Sessions

- 77
 78
 79
 80
 81