



Attendee Registration Form

First Name:		Last Name:	
First name as it should appear on badge (i.e. Bob for Robert):			
Title:		Credentials:	
Organization:			
Address:			
City:		State/Province:	Zip Code:
Phone:		Email (required):	
Dietary Restrictions (check all that apply): <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free			
Food Allergies:		ADA Special Needs Requirements:	
Emergency Contact:		Phone:	
<input type="checkbox"/> First-Time ASHA Conference Attendee?			
Are you a presenter at the conference? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you seeking continuing education contact hours at the conference? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Are you a member of the following organizations? (required) <input type="checkbox"/> ASHA <input type="checkbox"/> Oregon School-Based Health Alliance (OSBHA)			
How did you hear about this conference? (required) <input type="checkbox"/> ASHA e-newsletter <input type="checkbox"/> ASHA social media <input type="checkbox"/> ASHA Other: _____			
<input type="checkbox"/> OSBHA e-newsletter <input type="checkbox"/> OSBHA social media <input type="checkbox"/> OSBHA Other: _____			

MEAL TICKETS:

We are offering tickets for guests who are not registered for the conference for the boxed lunch on Friday (\$35) and the Awards Luncheon on Saturday (\$40). If you wish to purchase meal tickets, please contact ASHA headquarters.

PRE-CONFERENCE WORKSHOPS (\$55 each):

- Pre-Conference Workshop A: *Engaging Parents in School Health Activities and Programs***
Thursday, October 9, 1:00 pm – 4:00 pm
- Pre-Conference Workshop B: *Eye to Eye- Discussing Sensitive Topics with Youth***
Thursday, October 9, 1:00 pm – 4:00 pm

Subtotal: \$ _____



CONFERENCE REGISTRATION FEES: Please circle your registration rate.

	Early Bird: May 9 – Sept. 9 Payment due Sept. 9	Regular: Sept. 10 – Oct. 1 Payment due Oct. 1	
Full Conference- Includes Friday lunch, Saturday breakfast and Awards Luncheon			
ASHA Professional/Life Member	\$ 340.00	\$ 395.00	
ASHA Retired Member	\$ 210.00	\$ 210.00	
ASHA Student Member	\$ 80.00	\$ 95.00	
OSBHA Member	\$ 340.00	\$ 395.00	
Non-Member	\$ 490.00	\$ 545.00	
Non-Member Student*	\$ 145.00	\$ 155.00	
One Day- Includes meals provided that day			
ASHA Professional/Life Member	\$ 175.00	\$ 210.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
ASHA Retired Member	\$ 110.00	\$ 110.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
ASHA Student Member	\$ 50.00	\$ 50.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
OSBHA Member	\$ 175.00	\$ 210.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-Member	\$ 270.00	\$ 315.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-Member Student*	\$ 75.00	\$ 80.00	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday

*Non-member students must submit a transcript indicating their full-time status with their registration form to ASHA Headquarters in order to receive the discounted rate.

PAYMENT INFORMATION Registration Fee: \$ _____ Pre-Conference Workshop: \$ _____ GRAND TOTAL \$ _____	<input type="checkbox"/> Check (# _____) <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Bill Me Credit Card #: _____ Expiration Date: _____ Card Holder's Name: _____ Zip Code: _____ Signature: _____ Date: _____ <p style="text-align: center;">*If the billing address for the credit card is different from the address on Page 1, please enter it here:</p> Address: _____ _____ City: _____ State: _____ Zip Code: _____
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All payments must be sent to ASHA Headquarters by COB September 9th in order to receive the Early Bird rate, or by COB on October 1st for the Regular rate. Onsite registration will be available at the Regular registration rate. Purchase Orders will not be accepted as payment.

ASHA is unable to accept telephone or verbal cancellations. Please provide a written notice by fax (703-506-3266) or email to info@ashaweb.org no later than **September 24th** to receive a 50% refund of the registration fee. No refunds will be considered after September 24, 2014. Refunds may not be processed until after the conference. If you are unable to attend the conference your registration may be transferred to another individual at no charge. A full conference registration may NOT be shared by multiple individuals. In order to allow time for processing, written notification of a substitution must be received by mail or fax no later than COB on **September 24th**. No substitutions will be honored on-site.