REGISTRATION

WSHA 2012 Annual Convention • February 23-25 • Hyatt Regency • Milwaukee, WI

Please check if you are a: ❑ SLP ❑ Audiologist ❑ Student ❑ Other

Name (preferred for badge): _____

Employer or School: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Special Assistance Needs: _____

Special Dietary Needs: _____

MENTOR PROGRAM

Help build a solid foundation for WSHA's future by sponsoring a student volunteer at Convention. Your contribution of $25 or more will help defray the cost of a student volunteer's registration. All mentors will receive a MENTOR ribbon to wear at Convention.

❑ Yes, I want to sponsor a student volunteer's registration.

Please circle your preferred selection(s).

Pre-Conference Early Sessions 2:00–5:00 p.m.	**February 23**	AUD		B-6 SLP and Schools SLP		MED SLP		
Pre-Conference Coding Sessions 5:30–8:30 p.m.		AUD				SLP		
Breakouts	**February 24**	**10:00 a.m.**	Block 1	AUD	B-6 SLP	MED SLP	Schools SLP	Crossover
		1:00 p.m.	Block 2	DRL Presentation		DPI Presentation		
		2:00 p.m.	Block 3	AUD	B-6 SLP	MED SLP	Schools SLP	Crossover
		3:30 p.m.	Block 4	AUD	B-6 SLP	MED SLP	Schools SLP	Crossover
		4:30 p.m.	Block 5	AUD	B-6 SLP	MED SLP	Schools SLP	Crossover
	February 25	**11:45 a.m.**	Lunch Sessions	AUD Beyond Hearing Aids		SLP Research Update in Spasmodic Dysphonia		
		1:00 p.m.	Block 6	AUD	B-6 SLP	MED SLP	Schools SLP	
		3:00 p.m.	Block 7	AUD	B-6 SLP	MED SLP	Schools SLP	

This information will be used to assign rooms. Attendees are not required to attend based on their selections, nor will attendees be guaranteed space based on the information provided.

SESSION MODERATORS

❑ Check here if you would like to moderate a session.

Please indicate which session(s) you would be most interested in moderating. _____

_____

CONVENTION REGISTRATION FEES

Note: Listed fees do not include grad credit tuition of $110 due at Convention.

FULL CONVENTION REGISTRATION **Includes Pre-Conference*

Member	$325	_____
Non-Member	$475	_____
Student Member	$100	_____
Life Member	$100	_____

SINGLE DAY REGISTRATIONS

❑ Thursday ❑ Friday ❑ Saturday

Member	$260	_____
Non-Member	$420	_____
Student-Member	$75	_____
Life Member	$75	_____

OTHER

Mentor	$25 or more	_____

TOTAL _____

METHOD OF PAYMENT

❑ Check (made payable to WSHA)

Check #: _____

Amount: _____

❑ VISA ❑ MASTERCARD ❑ DISCOVER

Amount: _____

Card #: _____

Exp. Date: _____ Security Code: _____

Address on Billing Statement: _____

_____

_____

Name on Card: _____

Signature: _____

Return this form with payment by February 1, 2012 to:

563 Carter Court, Suite B
Kimberly, WI 54136