

REGISTRATION FORM

CSHA 2010 Fall Convention

Collaboration across Settings: Implementing Research in Daily Practice

Friday, October 15 & Saturday, October 16, 2010

Print this page, Complete, & Return

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

FAX _____ Email _____

Please Check One: _____ SLP _____ AUD _____ SPED Teacher _____ Other

Employer: _____

Are you a CSHA Member? ___ Yes ___ No (If no and you would like to join, please contact CSHA)

Track: I will be attending the following track:

_____ Early Childhood _____ School-age _____ Audiology/HI _____ Adult

_____ I will attend the Friday Evening Reception & Auction

_____ I need vegetarian meals

Fees: (Please circle one)

	Before Sept 20	After Sept 20	Friday Only (By 9-20)
CSHA Member	\$235.00	\$245.00	\$195
CSHA Non-Member	\$250.00	\$260.00	\$210

Please make checks payable to CSHA
Credit cards accepted

Credit card _____ Check # _____ Date paid _____ Amount _____

Name on Credit Card _____

Billing address for credit card if different from above address

_____ City _____ State _____ Zipcode _____

Credit card # _____

Expiration date _____ Month _____ Year _____

All this information will be destroyed after processing card. An email receipt will be sent to you when processing your card so please include your email above.

Return to:

Colorado Speech-Language-Hearing Association
P. O. Box 345, Sedalia, CO 80135

Phone: (720) 733-9097 Fax: (720) 733-9044 email: cshassoc@aol.com



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