



KSHA CONFERENCE REGISTRATION

Easy Ways to Register

ONLINE www.ksha.org
 EMAIL Send this form to ksha@ksha.org
 PHONE Call 316-202-2288 with credit card
 MAIL Form & fees to: KSHA, 148 S. Bay Country Ct., Wichita, KS 67235

Name _____ Choose one: SLP AUD Student
 Name on badge (if different from above) _____ Assistant/Paraprofessional Other
 Street Address _____ Employer _____
 City _____ State _____ Zip _____ Email address _____
 Please specify if you require special assistance _____
 Phone _____

	POSTMARKED:	Before 9/14/18	After 9/14/18
Audiology Learning Lab (Thursday 9:30am-4pm): Using the Device-Oriented Subjective Outcome (DOSO) Scale to Measure Outcomes of Different Hearing Aids & Custom Hearing Aid Repair and Modifications		\$95.00	\$115.00
KSHA / Other state-SHA member/ KSHA Life Member		\$155.00	\$175.00
Non-KSHA Member (SLP or Audiologist)		\$275.00	\$295.00
KSHA Student Member / Paraprofessional		\$45.00	\$55.00
Non-member Student		\$55.00	\$65.00
KSHA member-Saturday only		\$75.00	\$95.00
Non-Member Professional - Saturday only		\$195.00	\$215.00
FRIDAY LUNCH - Circle ONE choice:		\$20.00	NA
1) Southwest Chicken with Poblano Cream Sauce			
2) Spinach Salad with Beef Sirloin			
3) Spinach Salad with Chef's Choice of Entree			

TOTAL _____

Do you plan to attend the Poster session? NEW: Posters will be available Friday during breaks and from 5:00-6:00pm.

Yes No Maybe

Do you plan to attend the Praxis Bowl on Friday evening (1.5 CEUs available)? Yes No Maybe

Check enclosed (payable to KSHA) **Purchase order enclosed / PO number** _____

Charge to: Visa Mastercard AMEX Discover Card number _____

Expiration Date _____ **CVV code on the back** _____ *If billing address is different from above, please include:*

Street Address _____ City _____ State _____ Zip _____

Signature (required for credit card payment) **Date**

Cancellation policy: If received in writing at least one day before the conference begins, KSHA will refund your registration after a \$30.00 administrative fee. Cancellations not received by the date required will not be eligible for a refund. No-shows will be billed. Retain a copy of this form and your cancelled check for tax purposes.

SESSION CHOICES - Registration does not guarantee a seat. Seating is first come, first seated.

Audiology Sessions

- AUD 1 AUD 7 AUD 13
- AUD 2 AUD 8 AUD 14
- AUD 3 AUD 9 AUD 15
- AUD 4 AUD 10
- AUD 5 AUD 11
- AUD 6 AUD 12

Speech-Language Pathology Sessions

- SLP 1 SLP 7 SLP 13 SLP 19 SLP 24 SLP 29 SLP 34
- SLP 2 SLP 8 SLP 14 SLP 20 SLP 25 SLP 30 SLP 35
- SLP 3 SLP 9 SLP 15 SLP 21 SLP 26 SLP 31
- SLP 4 SLP 10 SLP 16 SLP 22 SLP 27 SLP 32
- SLP 5 SLP 11 SLP 17 SLP 23 SLP 28 SLP 33
- SLP 6 SLP 12 SLP 18 (must pre-register for lunch)