

# 2010 ISHA CONVENTION PRE-REGISTRATION FORM

**DATES: APRIL 8, 9, 10 (Thursday, Friday, and Saturday)**

**LOCATION: Sheraton Indianapolis Hotel & Suites, 8787 Keystone Crossing, Indianapolis, IN 46240**

**PLEASE NOTE: HOTEL RESERVATIONS MUST BE MADE BY March 19th to receive the ISHA Convention Rate. (See enclosed hotel reservation information)**

REGISTRATION OPTIONS: **1) YOU CAN NOW REGISTER ONLINE!** Simply go to [www.islha.org](http://www.islha.org) and click on 2010 CONVENTION (it's quick, efficient and convenient) -- or **2)** complete both sides of this form and fax along with credit card payment to 317-481-1825 or **3)** complete both sides of this form and mail along with payment to:

**ISHA CENTRAL OFFICE ~ PO Box 24167 ~ Indianapolis, IN 46224**

(postmarked no later than April 1, 2010)



**PLEASE check the following and complete the session registration checklist**

## REGISTRATION FEES

	___ ENTIRE CONVENTION	___ SATURDAY ONLY
___ ISHA Member*	___ \$125 (after 3.19.10 - \$165)	___ \$85 (\$95)
___ Non-Member	___ \$275 (after 3.19.10- \$325)	___ \$95 (\$105)
___ Student Member*	___ \$30 (after 3.19.10 - \$35)	___ \$10.00
___ Student Non-Member	___ \$45 (after 3.19.10- \$50)	___ \$15.00
___ Life Member	___ \$50 (after 3.19.10 \$55)	___ \$30.00

On-Site registration fees are shown in parentheses; \*Member Fee also applies to IL, OH, KY, MI Sp/Hrg Association Members.

\*\*Life Members (only) may attend on any single day for Saturday rate. Pre-registrations postmarked after April 1, 2010, will be processed as on-site registration fees. Applications for membership must be approved by March 19th to qualify for member rates. Applications for membership will be taken but cannot be approved at the convention. Members of out-of-state associations must submit proof of their membership.

Will you be applying for ASHA or AAA CEUs? \_\_\_ ASHA CEUs \_\_\_ AAA CEUs (Add \$5.00 fee)

\_\_\_ An Evening with Jeff Mittman (additional \$25.00 fee applies - add to registration total below)

**CEs offered**

**REGISTRATION FEE TOTAL** \$ \_\_\_\_\_ (Late and on-site fees are shown in parentheses)

Total payment: \$ \_\_\_\_\_ METHOD OF PAYMENT \_\_\_ Check \_\_\_ Credit Card \_\_\_ PO (MC or Visa only)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by Purchase Order, please list PO #: \_\_\_\_\_

**PLEASE NOTE: Make checks payable to ISHA (and mail before March 19th to take advantage of the early bird rate)**

Mail to: ISHA CONVENTION

PO Box 24167 - Indianapolis, IN 46224-0167

or fax with credit card information to 317-481-1825

**Refund Policy: A full refund will be granted if Central Office receives a written request by April 1, 2010.**

**All refund requests should be mailed to: ISHA - PO Box 24167, Indianapolis, IN 46224-0167 - Attn: ISHA REFUND**

Name: (as preferred on name tag) \_\_\_\_\_

Title: \_\_\_\_\_ Speech: \_\_\_\_\_ Audiology: \_\_\_\_\_ Other \_\_\_\_\_

Work/School Affiliation: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the address you provided above home or work? \_\_\_\_\_

**PLEASE NOTE: Registration is not complete until session options have been checked on other side.**

(See other side)

# ISHA CONVENTION 2010 - SESSION REGISTRATION

Name: \_\_\_\_\_

**THIS FORM IS REQUIRED WITH REGISTRATION!!!  
PLEASE CHECK ALL SESSIONS YOU PLAN TO ATTEND.**

## THURSDAY, APRIL 8

**8:30 am—10:00 am**

\_\_\_BUSINESS MEETING

**10:15 am—11:45 am**

\_\_\_KEYNOTE: Aaron E. Carroll, M.D., M.S.

**11:45 am—1:00 pm**

Exhibit Hall Opens

**1:00 pm—2:30 pm**

\_\_\_Brobeck (PT. 1) \_\_\_Kohnert (PT. 1) \_\_\_Pessis (PT. 1) \_\_\_McConkey Robbins (PT. 1) \_\_\_Yaruss

**3:00 pm—4:30 pm**

\_\_\_Brobeck (PT. 2) \_\_\_Kohnert (PT. 2) \_\_\_Pessis (PT. 2) \_\_\_McConkey Robbins (PT. 2) \_\_\_Yaruss

**5:00 pm—6:30 pm**

\_\_\_Ahlers/Conley \_\_\_Gulker/Subramanian \_\_\_O'Malley \_\_\_Thomas \_\_\_Yaruss

## FRIDAY, APRIL 9

**8:00 am—9:30 am**

\_\_\_DeConde Johnson \_\_\_Rodgers

**10:00 am—11:30 am**

\_\_\_Abell/Kean \_\_\_DeConde Johnson \_\_\_McGrath

**1:00 pm - 2:30 pm**

\_\_\_Blom/Attwood \_\_\_Guignard \_\_\_McGrath \_\_\_Smith-Myles

**3:00pm - 4:30 pm**

\_\_\_Goossens (PT. 1) \_\_\_Smith-Myles (PT. 1) \_\_\_Jenna, Toler, Toor (Swallowing Panel) \_\_\_Sommer

**5:00 pm - 6:30 pm**

\_\_\_Roundtable Discussions \_\_\_Goossens (PT. 2) \_\_\_Smith-Myles (PT. 2)

**6:45pm - 8:30pm**

\_\_\_An Evening with Jeff Mittman (\$25 fee)

### Roundtables

Rank preference in 1,2, 3 order.  
Participants will rotate through  
two roundtable discussions  
of 45 minutes each.

\_\_\_ Adult Dysphagia  
\_\_\_ Pediatric Dysphagia  
\_\_\_ Dementia  
\_\_\_ Vents/Trachs

\_\_\_ Motor Speech Disorders  
\_\_\_ Language  
\_\_\_ Coding/Reimbursement  
\_\_\_ Amplification  
\_\_\_ AAC

## SATURDAY, APRIL 10

**8:00 am—9:30 am**

\_\_\_Carbone \_\_\_Fey (PT. 1) \_\_\_Hood (PT. 1) \_\_\_Jones

**10:00 am—11:30 am**

\_\_\_Hufford \_\_\_Fey (PT. 2) \_\_\_Hood (PT. 2) \_\_\_Jones

Please check all sessions you plan to attend and return session information  
with registration Form to: **ISHA CENTRAL OFFICE**

**PO Box 24167**

**Indianapolis, IN 46224**

**Or FAX with credit card information to 317-481-1825**

**Early bird  
deadline ends  
March 19th**



**Questions: Call—317-916-4146**

(See other side)