



SHAA 2010 Membership and Convention Registration

March 11-13, 2010
Wynfrey Hotel, Birmingham

One form per person; photocopy as needed.
See www.AlabamaSHAA.org/convention.htm

IDENTIFY YOURSELF

* Title: Mr. / Ms. / Dr. * Name: _____

Name you go by (if not your first name): _____

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"You have my current identifying info from 2009 (SHAA Membership or Convention Registration)."

You may skip to #2. If in doubt, or if something has changed, complete this section.

Home

* Address: _____

* City: _____ State: _____ Zip: _____

* County: _____ *Congressional District _____

* Phone(s) (____) _____ (____) _____

Email (for your receipt): _____

* Highest Degree: B.S. B.A. M.S. M.A. M.C.S. M.C.D. Ed.S. M.Ed. Ed.D. Ph.D. SLP.D. Au.D.

* Your Discipline(s), even if retired or a student: AUD SLP Other (Our supporters, including ABESPA and our exhibitors are asking!)

ABESPA Member: Yes

ASHA Member: CF CCC

AAA Member: Yes

AEA Member: Yes

Work Setting: School SNF Clinic Hosp. Univ. Private Practice

Employer _____

Work Address: _____

Work City: _____ State: _____ Zip: _____

Work Phone (____) _____ "Send mail to my work address."

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Join SHAA or renew your membership by completing this section. (There's no need to send another form.)

Your membership takes effect upon payment, and qualifies you for the discounted Convention Registration rates for SHAA Members.

JOIN SHAA for 2010

Membership Renewal First-time Application Referred by _____

Membership Level:	<input type="checkbox"/> Active (Master's Degree or Higher)	\$55.00	
	<input type="checkbox"/> Associate (Bachelor's Degree)	\$45.00	\$ _____
	<input type="checkbox"/> Student (Univ.: _____)	\$15.00	(SHAA Membership)
	<input type="checkbox"/> Life (See Application Form at www.AlabamaSHAA.org/member.htm)	-- Fee Waived	

I've already paid SHAA 2010 dues.

Loyalty: "I've been a member of SHAA since at least 1985."

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REGISTER for CONVENTION

	Postmarked By Jan. 31	Postmarked After Jan. 31	On Site Registration
<input type="checkbox"/> SHAA Member & ABESPA Licensee	\$195.00	\$225.00	\$245.00
<input type="checkbox"/> SHAA, GSHA, or FLASHA Member	\$205.00	\$235.00	\$255.00
<input type="checkbox"/> ABESPA Licensee, non-SHAA member	\$270.00	\$300.00	\$325.00
<input type="checkbox"/> Non-Member (Professional/Student)	\$320.00	\$350.00	\$370.00
<input type="checkbox"/> SHAA Student Member	\$ 55.00	\$ 70.00	\$ 90.00
<input type="checkbox"/> Life Member (See Application Form at www.AlabamaSHAA.org/member.htm)	-- Half of the above fees --		\$ _____

Register early and save!

Note: Partial registrations are not available.

"I need special accommodation(s) related to physical access as follows:" _____

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REGISTER for the SHAA AWARDS LUNCHEON, March 12th:

"I will not be attending this function." "I will attend this function." (Price is included in Registration)

"I also need meal tickets for my guest(s)." Number _____ x \$25 / ticket = \$ _____

"I have special dietary needs as follows:" _____ (Additional Meal Tickets)

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PAY

Via: Check (enclosed) Purchase Order (attached) PayPal Total Amount \$ _____

Receipts are sent via email, if you provided an address above. Be sure to "white list" Info@AlabamaSHAA.org. Allow two weeks for processing.

Cancellations: SHAA will refund all but \$50 of your registration fee if your cancellation is received prior to February 15.

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SUBMIT this form:

SHAA Convention
PO Box 1731
Athens AL 35611
Phone/Fax: (256) 325-8885

Office Use Only

CK / PO / PP #: _____

Rec'd: _____

Amount: _____ (M) _____ (C)