NEW JERSEY NJSHA Speech-Language-Hearing Association

2017 NJSHA CONVENTION April 27-28, 2017 ● Ocean Place Resort & Spa ● Long Branch, New Jersey

Cancellations: A refund less $25 processing fee will be issued if received prior to April 13, 2017. No refunds will be issued after April 13, 2017. Convention badges must be worn for admittance to exhibits, sessions and Convention functions.

Early Registration Deadline is March 30, 2017. Register online at www.njsha.org.

Please Print *Required Fields

*❑ Speech–Language Pathologist ❑ Audiologist ❑ Other

***How many years have you been a NJSHA member?**

❑ Less than 3 ❑ 3-5 ❑ 5-10 ❑ 10-20 ❑ 20+

Name*_____

Attendee E-mail* _____

Address* _____

City* _____ State* _____ ZIP* _____

Phone (Work) _____ (Home/Cell) _____

Special Needs/Dietary Restrictions: _____

❒ **Networking on the *Pathfinder*!** Please include my name, email address and cell phone number for networking with Convention attendees.

CONVENTION REGISTRATION FEES

	Early Registration On or Before 3/30/17	Late Registration After 3/30/17	Amount
Convention Registration			
NJSHA Member	$250	$275	$
NJAA Member	$250	$275	$
Non-Member	$350	$375	$
Student Member	$50	$75	$
Student Non-Member	$110	$135	$
Life Members	$150	$175	$
Single Day Registration			
NJSHA Member	$150	$175	$
NJAA Member	$150	$175	$
Non-Member	$250	$275	$
Student Member	$50	$75	$
Student Non-Member	$110	$135	$
Life Members	$125	$150	$
NJSHA Membership Dues *(Join or Renew – See rates above)*			$
TOTAL CONVENTION PAYMENT			**$**

SESSION CHOICES

Please take a moment to check the Convention sessions that you plan to attend. Pre-registration is not required, however your selections will assist in planning.

Thursday

❑ Session 1 ❑ Session 2 ❑ Session 3 ❑ Session 4 ❑ Session 5 ❑ Session 6
❑ Session 7 ❑ Session 8 ❑ Session 9 ❑ Session 10 ❑ Session 11 ❑ Session 12 ❑ Session 13
❑ Session 14 ❑ Session 15 ❑ Session 16 ❑ Session 17 ❑ Session 18 ❑ Session 19 ❑ Session 20
❑ Session 21 ❑ Session 22 ❑ Session 23 ❑ Session 24 ❑ Session 25

Friday

❑ Session 26 ❑ Session 27 ❑ Session 28 ❑ Session 29 ❑ Session 30 ❑ Session 31
❑ Session 32 ❑ Session 33 ❑ Session 34 ❑ Session 35 ❑ Session 36 ❑ Session 37 ❑ Session 38
❑ Session 39 ❑ Session 40 ❑ Session 41 ❑ Session 42 ❑ Session 43 ❑ Session 44 ❑ Session 45
❑ Session 46 ❑ Session 47 ❑ Session 48 ❑ Session 49 ❑ Session 50

❑ I am interested in volunteering as a room moderator.

❑ I will be attending the Honors and Awards Presentation and Welcome Reception.

❑ I will be attending the Annual Membership Meeting and Breakfast.

NJSHA MEMBERSHIP RATES

January 1, 2017 - December 31, 2017

Membership Type	2017 *(one-year)*	2017-2018 *(two-year)*
Regular Member	❒ $85	❒ $150
Associate Member	❒ $70	❒ $135
Student Free Member **First year only*	❒ No Fee	N/A
Student Member	❒ $50	❒ $95
Recent Graduate Member	❒ $70	❒ $135
Life Member	❒ $25	❒ $45

FOR NEW MEMBERS ONLY

Current Employer _____

Position/Title _____

County in Which Employed _____

STUDENTS

College/University _____

Classification

❒ Undergrad ❒ Grad - 1st year ❒ Grad - 2nd Year ❒ Doctoral

Emphasis

❒ SLP ❒ AUD

_____

Signature of University Department/Advisor/Clinical Supervisor

PLEASE CHECK ALL THAT APPLY:

PRIMARY WORK SETTING:

❒ School ❒ Hospital/Rehab
❒ VA Facility ❒ Private Practice
❒ College/University ❒ Home Care
❒ Retired ❒ Other _____

PRACTICE AREA:

❒ SLP ❒ AUD ❒ SLP/AUD
❒ AUD ❒ THI ❒ TCH

ASHA STATUS:

❒ CCC-A ❒ CCC-SLP
❒ CF-SLP ❒ CCC-SLP/A
❒ CF-AUD ❒ Student

CERTIFICATION:

❒ NJ Speech Correctionist
❒ NJ Speech-Language Specialist
❒ Elementary School Teacher
❒ Teacher of the D/HH
❒ Teacher of Students with Disabilities
❒ Supervisor

HIGHEST DEGREE EARNED:

❒ Bachelors
❒ Masters in SLP/AUD
❒ Doctorate in SLP/AUD

NJ STATE LICENSE:

❒ Speech-Language Pathology
❒ Audiology ❒ Dual SLP/AUD

METHOD OF PAYMENT

Register Online - Visit www.njsha.org to register online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the NJSHA Office with your method of payment.

NJSHA Office, 174 Nassau Street, Suite 337, Princeton, NJ 08542
Fax: 888-729-3489 Tax ID #22-6064537

❒ Check (payable to NJSHA)

❒ Visa ❒ MasterCard ❒ Discover ❒ American Express

x _____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

QUESTIONS? Call the NJSHA Office at **888-906-5742** or e-mail **info@njsha.org**.