

Cancellations: A refund less \$25 processing fee if the NJSHA Office is notified in writing by April 25, 2024. No refunds will be issued after April 25, 2024. Convention badges must be worn for admittance to exhibits, sessions and Convention functions.

EXTENDED: Early Registration Deadline is April 4, 2024. Register online at www.njsa.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.

Not a NJSHA Member? Check here if you would like to receive future email communications about NJSHA events.

CONVENTION REGISTRATION FEES

	Early Registration On or Before 4/4/24	Late Registration After 4/4/24	Amount
Full Convention Registration			
NJSHA Member	\$255	\$280	\$
NJAA Member	\$255	\$280	\$
Non-Member	\$355	\$380	\$
Student/Recent Grad Member	\$50	\$75	\$
Student Non-Member	\$110	\$135	\$
Life Members	\$155	\$180	\$
Single Day Registration			
NJSHA Member	\$155	\$180	\$
NJAA Member	\$155	\$180	\$
Non-Member	\$255	\$280	\$
Student/Recent Grad Member	\$50	\$75	\$
Student Non-Member	\$110	\$135	\$
Life Members	\$130	\$155	\$
Convention T-Shirt Pre-orders <small>T-Shirt orders will be accepted through April 18. (T-shirts will only be available by the pre-order ONLY. There will not be any T-shirts available for sale onsite at the convention.)</small>			
Crew Neck T-Shirt (Unisex) S, M, L, XL - \$18 / 2XL & 3XL - \$20			\$
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge			
V-Neck T-Shirt (Straight Fit) S, M, L, XL - \$19 / 2XL & 3XL - \$21			\$
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge			
V-Neck T-Shirt (Ladies Fit) S, M, L, XL - \$20 / 2XL & 3XL - \$22			\$
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge			
NJSHA Membership Dues (Join or Renew - See rates above)			\$
If paying by credit card, please add 3% to the total			
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 | <input type="checkbox"/> Session 7 | <input type="checkbox"/> Session 14 | <input type="checkbox"/> Session 21 |
| <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 8 | <input type="checkbox"/> Session 15 | <input type="checkbox"/> Session 22 |
| <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 9 | <input type="checkbox"/> Session 16 | <input type="checkbox"/> Session 23 |
| <input type="checkbox"/> Session 3 | <input type="checkbox"/> Session 10 | <input type="checkbox"/> Session 17 | <input type="checkbox"/> Session 24 |
| <input type="checkbox"/> Session 4 | <input type="checkbox"/> Session 11 | <input type="checkbox"/> Session 18 | <input type="checkbox"/> Session 25 |
| <input type="checkbox"/> Session 5 | <input type="checkbox"/> Session 12 | <input type="checkbox"/> Session 19 | |
| <input type="checkbox"/> Session 6 | <input type="checkbox"/> Session 13 | <input type="checkbox"/> Session 20 | |
| Friday | <input type="checkbox"/> Session 31 | <input type="checkbox"/> Session 37 | <input type="checkbox"/> Session 43 |
| <input type="checkbox"/> Session 26 | <input type="checkbox"/> Session 32 | <input type="checkbox"/> Session 38 | <input type="checkbox"/> Session 44 |
| <input type="checkbox"/> Session 27 | <input type="checkbox"/> Session 33 | <input type="checkbox"/> Session 39 | <input type="checkbox"/> Session 45 |
| <input type="checkbox"/> Session 28 | <input type="checkbox"/> Session 34 | <input type="checkbox"/> Session 40 | <input type="checkbox"/> Session 46 |
| <input type="checkbox"/> Session 29 | <input type="checkbox"/> Session 35 | <input type="checkbox"/> Session 41 | <input type="checkbox"/> Session 47 |
| <input type="checkbox"/> Session 30 | <input type="checkbox"/> Session 36 | <input type="checkbox"/> Session 42 | |

- 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, 2024 - December 31, 2024

Membership Type	2024 (one-year)	2024-2025 (two-year)
Regular Member	<input type="checkbox"/> \$90	<input type="checkbox"/> \$155
Associate Member	<input type="checkbox"/> \$75	<input type="checkbox"/> \$140
Student Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45
Life Member	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50

FOR NEW MEMBERS ONLY

Current Employer _____

Position/Title _____

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
 Student

CERTIFICATION:

- 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.njsa.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: 412-366-8804 Tax ID #22-6064537

Check (payable to NJSHA) Purchase Order (Fax PO and registration form to 412-366-8804 - Registrations must accompany PO.)

Visa MasterCard Discover American Express

X _____
 Signature _____ EXPIRATION DATE _____

In order to assist the association with increasing operating expenses, NJSHA is now adding a surcharge of 3% to all credit card transactions.

CREDIT CARD ACCOUNT NUMBER

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