

Yes! I would like to attend the 8th Annual California State University, Sacramento NSSLHA Conference!

Name: _____ Email Address: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Alternate Phone Number: _____

TO REGISTER, PLEASE CIRCLE ONLY ONE CHOICE PER LINE

REGISTRATION DEADLINE: January 14, 2012

All efforts will be made to match everyone with their preferred choice.

BREAKOUT SESSION I A B

BREAKOUT SESSION II A B

BREAKOUT SESSION III A B

BREAKOUT SESSION IV: A B

Pre-registration:	Professional	\$135
	SLPA	\$95
	Student	\$35
	CSUS NSSLHA Member	\$25
Late and On-site registration:	Half-Day	\$70
	Professional	\$150
	SLPA/Half-Day	\$135
Job Recruitment Booth:	Students and CSUS NSSLHA Member	\$40
	Vendors	\$200

Cancellations prior to January 14, 2012 will be refunded except for a \$10 processing fee. Cancellations after January 14, 2012 will not be refunded. Credit cards will not be accepted after January 14, 2012. At the day of the event, we will only accept cash or check.

Please charge \$ _____ to my: VISA Card Master Card
Card # _____ Expiration Date _____
Name on Card _____ Signature _____

Check enclosed. Please make check payable to **NSSLHA**. (please include driver's license # and phone # on check)

----- *Detach Here* ----- *Detach Here* ----- *Detach Here* -----

SPONSORSHIP OR JOB RECRUITMENT/COMMUNITY VENDOR REGISTRATION

Company Name: _____
Contact Person: _____ Position/Title: _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Alternate Phone Number: _____
FAX Number: _____ E-mail: _____

I am interested in making a **Sponsor gift** of:
 \$1,000 \$500 \$250 \$100 Other _____

I am interested in participating in the Speech Pathology and Audiology **Job Recruitment & Community Vendor Fair**. I understand a Job Recruitment Booth or Community Vendor Booth will cost **\$200**.

PAYMENT METHOD

Please charge \$ _____ to my: VISA Card Master Card
Card # _____ Expiration Date _____
Name on Card _____ Signature _____

Check enclosed. Please make check payable to **NSSLHA**. (please include driver's license # and phone # on check)

*For information regarding sponsorship, job recruitment booths or community vendor booths, please contact
Jessica Onanian or Sydney Zoll at nsslhasac@yahoo.com*

**SEND REGISTRATION FORM TO:
California State University, Sacramento
University Union, NSSLHA
6000 J St., P.O. Box 146
Sacramento, CA 95819-6071**