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**

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

**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

*\*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**