



# - NSLHA Fall Convention Registration Form -

Thursday & Friday, September 19 - 20, 2024  
Younes Conference Center North | Kearney, NE



Check one:  Student       Audiology       SLP / School       SLP / Medical

I wish to earn ASHA CEUs for this course.

\*By checking this box, I understand that I am giving NSLHA permission to send my information to ASHA CE.

Your Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

First Name For Badge: \_\_\_\_\_ ASHA #: \_\_\_\_\_

Company/Organization/University: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Your Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration includes all events, meals, and breaks**

### PROFESSIONAL REGISTRATION FEES:

In-Person    Virtual – Member \$250.00  
 In-Person    Virtual – Non-Member \$385.00

Dietary Restrictions:    Vegetarian       Gluten-Free

### STUDENT REGISTRATION FEES:

In-Person    Virtual \$ 75.00

Dietary Restrictions:    Vegetarian       Gluten-Free  
 YES,  NO      I will attend the Student Share Fair  
 YES,  NO      I will volunteer at the convention

### ADD MY MEMBERSHIP FEES:

FULL,  ASSOCIATE,  AFFILIATE \$135.00  
 FIRST-YEAR PROFESSIONAL \$ 70.00  
 LIFETIME,  STUDENT \$ 50.50

### TOTALS:

Registration Fee **- NO REFUNDS FOR CANCELLATIONS AFTER SEPTEMBER 1, 2024 -** \$ \_\_\_\_\_  
Membership Fee \$ \_\_\_\_\_  
Donate to the NEBRASKA SPEECH-LANGUAGE-HEARING ENDOWMENT FUND \$ \_\_\_\_\_  
**TOTAL DUE (Make Checks payable to NSLHA)** **\$ \_\_\_\_\_**

Pay with your Credit Card:

Please list Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Email (required for receipt): \_\_\_\_\_

### RETURN TO:

Nebraska Speech Language Hearing Association  
8700 Executive Woods Dr, Suite 400 | Lincoln, NE 68512-9612  
Email: info@nslha.org | Ph: (402) 476-1528

**OR: REGISTER ONLINE AT NSLHA.ORG**