

REGISTRATION FORM

Name _____

Address _____

City _____ State _____

Zip _____ Tel: _____

E-mail: _____

Menu: Chicken Vegetarian

SPECIAL ACCOMMODATIONS:

Check here if you need an assistive listening device.

Check here if you need special accommodations.

Specify: _____

CEUs Required: (Check all that apply)

ASHA AAA ABA/Tier 1

Early Registration (postmarked before 5/18/10)

FEES: CTAA/CSHA Member\$ 135
 Non Member\$ 155
 *Student\$ 50

Registration (postmarked before 6/4/10)

FEES: CTAA/CSHA Member\$ 160
 Non Member\$ 180
 *Student/\$ 50

On site Registration

CTAA/CSHA Member/Non Member . \$ 185
*Student\$ 50

*Students

UNIVERSITY PROGRAM: _____

A block of rooms has been reserved for those wishing to stay at the Crowne Plaza. Special pricing has been arranged. Please call 1-888-233-9527 to reserve a room and reference you will be attending the Connecticut Academy of Audiology Conference.

CHECKS only made payable to:

CONNECTICUT ACADEMY OF AUDIOLOGY, INC.

Mail to: CTAA

c/o Jennifer Wallberg
600 Johnson Avenue, Southington, CT 06489

NO CREDIT CARDS

Questions please call ~ **203.735.4327**