2025 KSHA CONVENTION REGISTRATION

February 26-28 | Lexington, Kentucky

Register online at www.ksha.info! Early Registration Deadline is January 16, 2025

ATTENDEE INFORMATION

KSHA Member Number _____

❑ SLP ❑ AUD ❑ OT ❑ PT

Opt Out of Networking Features
Do NOT include my contact information (name, email, cell) on the following: ❑ *Pathfinder* Search ❑ Vendor Participant List

Name (preferred for badge) _____

Attendee Email *(required for online CE reporting)* _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

Alma Mater _____

❑ Hearing Impaired ❑ Visually Impaired ❑ Wheelchair Other _____

How can we assist? _____

A KSHA representative will contact you to discuss possible options

CONVENTION REGISTRATION FEES

***In order to qualify for member rate, you must be a 2025 KSHA member**

	Early Registration On or Before 1/16/25	After 1/16/25	Insert Amount Due
Membership Fees – Renew or join by including your payment			
Yes ❒ Renew my membership ❒ Joining today **Review the membership table to select the right level for you.**			$
Full Convention Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	195 $185	240 $230	$
Non-Member	325 $315	370 $360	$
*Student Member	$30	$40	$
Student Non-Member	$40	$50	$
Single Day Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	120 $110	165 $155	$
Non-Member	205 $195	250 $240	$
*Student Member	$20	$30	$
Student Non-Member	$25	$35	$
Lunch Add-On			
Friday - Awards Luncheon (Buffet Lunch): $20 Each			$
		Foundation Donation	**$**
		3% Credit Card Processing Fee	**$**
		TOTAL DUE	**$**

MEMBERSHIP RATES

For explanation of rates, visit www.ksha.info.

Full Member	Associate/ SLPA Member	Recent Graduate	Student Member
$55 Master's Degree or higher	**$45** Bachelor's Degree or in the field	**$40** Graduated within the last year	**No Charge** Full-Time 9 Hrs./Semester

SELECT METHOD OF PAYMENT:

- **Register online with a credit card at www.ksha.info**
- **Email completed form to kshaoffice@ksha.info**
- ~~**Fax to 412-366-8804**~~
- **Mail**
  Send completed registration form with check or credit card information *(checks payable to KSHA)*:
  KSHA
  838 East High Street, Suite 263
  Lexington, KY 40502
- **Purchase Order** *(Registrations not accepted without purchase order.)*
  ~~**- Fax purchase order and registration form to 412-366-8804**~~
  - Email to kshaoffice@ksha.info
- **Credit Card (Note: 3% credit card processing fee applies)**
  ❑ Visa ❑ MasterCard ❑ Discover ❑ AMEX

x _____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

SESSION SELECTION

Please indicate which sessions you are likely to attend.

Wednesday Sessions

❑ 1 ❑ 5 ❑ 9
❑ 2 ❑ 6 ❑ 10
❑ 3 ❑ 7 D11
❑ 4 ❑ 8

Thursday Sessions

~~❑ 11~~ ❑ 16 ❑ 21 ❑ 26 ❑ 31 ❑ 36
❑ 12 ❑ 17 ❑ 22 ❑ 27 ❑ 32 ❑ 37
❑ 13 ❑ 18 ❑ 23 ❑ 28 ❑ 33 ❑ 38
❑ 14 ❑ 19 ❑ 24 ❑ 29 ❑ 34
❑ 15 ❑ 20 ❑ 25 ❑ 30 ❑ 35

❑ Tailgate ❑ ~~38~~ 39 - Golden Brain Competition ❑ Posters

Friday Sessions

~~❑ 39~~ ❑ 44 ❑ 49 ❑ 54 ❑ 59 ❑ 64
❑ 40 ❑ 45 ❑ 50 ❑ 55 ❑ 60 ❑ 65
❑ 41 ❑ 46 ❑ 51 ❑ 56 ❑ 61 ❑ 66
❑ 42 ❑ 47 ❑ 52 ❑ 57 ❑ 62 ❑ 67
❑ 43 ❑ 48 ❑ 53 ❑ 58 ❑ 63 ❑ 68

Cancellations: Requests received in writing by February 12, 2025, will receive a refund, less a $25 processing fee.