



# AAPPSPA Conference Registration

Is today's date April 1<sup>st</sup> or earlier? (Yes or No) \_\_\_\_\_

Payment Method (Circle one):    Online        Mail

Full Name \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_

Registering for (Circle one):    3-day conference    2-day conference    1-day conference

If not attending all 3 days circle the day(s) you will attend:    Thursday    Friday    Saturday

Saturday meal choice (Circle one):    Salmon    Chicken    Vegetarian

Special dietary needs \_\_\_\_\_

Nametag information (ex. Name, Business Name, City / State) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialty (Circle one or more):    SLP    Audiologist    OT    Other

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Special accommodations \_\_\_\_\_

\_\_\_\_\_

How did you hear about the conference? \_\_\_\_\_

## Payment Information for Non-Members

### **Registration fees on or before April 1, 2017:**

Full Conference: \$480

Conference 2 day: \$340

Conference 3 day: \$190

### **Registration fees *AFTER* April 1, 2017:**

Full Conference: \$530\*

Conference 2 day: \$390\*

Conference 3 day: \$240\*

*\*Includes \$50 late fee*

Lunch is included with registration

Payment Method (Circle one):    Credit Card    Check

Date your check will be mailed \_\_\_\_\_

Make checks payable to: AAPPSPA

Send To: AAPPSPA

P.O. Box 252

Granville, NY 12832