

# Healthy Students ... Successful Learners

84th Annual School Health Conference of the American School Health Association  
October 13 - 16, 2010 ▲▲ Kansas City, Missouri

Name \_\_\_\_\_ Degrees \_\_\_\_\_

Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

- This is my first ASHA conference.       I have a credential or license that requires continuing education contact hours.  
 CHES       CME       CNE       Mental Health       Dietician

## Registration Options

### Complete Conference

Includes professional and business meetings, exhibits and receptions from Wednesday through Saturday.

	ASHA Member	Non-Member
Professional Fee	<input type="checkbox"/> \$300	<input type="checkbox"/> \$430*
Retired Member Fee	<input type="checkbox"/> \$150	
Student Fee	<input type="checkbox"/> \$65	<input type="checkbox"/> \$110*
Guest / Spouse Fee	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200***

### Team Discount Rate

Register at least 4 people from a school or district and save. Includes **Complete Conference** registration benefits. Please complete and attach a registration form for each additional team member.\*\*

Discount - \$345 per non-member x \_\_\_\_\_ = \_\_\_\_\_  
(# of registrants) Total

Discount - \$265 per ASHA member x \_\_\_\_\_ = \_\_\_\_\_  
(# of registrants) Total

### One Day Attendee

Includes professional and business meetings and exhibits. Please indicate day/date - Thursday / Friday / Saturday

	ASHA Member	Non-Member
Professional Fee	<input type="checkbox"/> \$160 / day	<input type="checkbox"/> \$215 / day***
Student Fee	<input type="checkbox"/> \$35 / day	<input type="checkbox"/> \$65 / day***
Continuing Education Fee	<input type="checkbox"/>	<input type="checkbox"/> \$30

Day / Date \_\_\_\_\_

\* Full-fee non-members receive a one-year Professional membership.

\*\* Each person registering as part of a Team receives a one-year ASHA Basic membership.

\*\*\* Continuing education contact hours for Non-Member One-Day Professional, One-Day Student Attendee, and Guest/Spouses require an additional \$30 fee.

## Special Events

### To Be Announced

## Workshops

### To Be Announced

Wednesday, October 13, 1 - 5 pm  
 \$45

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Wednesday, October 13, 1 - 5 pm  
 \$45

### To Be Announced

Saturday, October 16, 1:15 - 4:15 pm  
 \$45

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 \$45

## Payment

Check / Money Order / Purchase Order for \$ \_\_\_\_\_ enclosed. Make payable to ASHA in U.S. dollars.

Charge my MC / VISA card

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Total Remittance \_\_\_\_\_

### Return by October 1, 2010, to:

American School Health Association  
P.O. Box 708  
Kent, OH 44240-0708  
330/678-4526 (fax)

For more information, visit the ASHA web site at [www.ashaweb.org](http://www.ashaweb.org) or contact: Mary Bamer Ramsier, 330/678-1601 (phone); mbramsier@ashaweb.org (email)