

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.

Workshops

Improving the Health Status of School Children Through Innovative Software Solutions

Wednesday, October 13, 8 am - 5 pm
 \$60

Motivating Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students to Stay Sexually Healthy

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

ALLIES AND ENEMIES: The Challenge of Divorce - Legally, Emotionally, and in the Classroom

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

Helping Students With Asthma Be Successful Learners: Beyond Asthma Action Plans

Saturday, October 16, 7 am - 4:15 pm
 \$60

Healthy Students, Successful Learners: Strategies for Gaining Top School Administrator Support

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

Systems Thinking, Systems Changing ... Implementing School Health Programs Effectively Within the System

Saturday, October 16, 1:15 - 5 pm
 \$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 _____ CSC _____
- 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 or contact: Mary Bamer Ramsier, 330/678-1601 (phone); mbramsier@ashaweb.org (email)