



Attendee Registration Form

First Name:				Last Name:			
First name as it should appear on badge (e.g. Bob for Robert):				Degrees/Certificates (up to 3 printed on badge):			
Job Title:							
Employer/ Organization							
Mailing Address:							
City:				State or Country if out of the US:			Zip Code:
Phone:				Email:			
Dietary Restrictions (check all that apply):				<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Kosher	<input type="checkbox"/> Gluten Free
Food Allergies:				ADA Special Needs Requirements:			
Emergency Contact Name:				Phone:			
Major Area of Responsibility related to School Health (select all that apply): <input type="checkbox"/> Administration <input type="checkbox"/> Counseling, Psychological or Social Services <input type="checkbox"/> Family/Community Involvement <input type="checkbox"/> Health Education <input type="checkbox"/> Health Promotion for Staff <input type="checkbox"/> Health Services <input type="checkbox"/> Professional Preparation <input type="checkbox"/> Physical Education <input type="checkbox"/> School Environment <input type="checkbox"/> School Food/Nutrition <input type="checkbox"/> Other:							
Professional Discipline (select one): <input type="checkbox"/> Administrator <input type="checkbox"/> Counselor <input type="checkbox"/> Dietitian <input type="checkbox"/> Health Educator <input type="checkbox"/> Nutritionist <input type="checkbox"/> Physical Educator <input type="checkbox"/> Psychologist <input type="checkbox"/> School Health Coordinator <input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Social Worker <input type="checkbox"/> Other							
What level of purchasing authority do you have within your organization? <input type="checkbox"/> Direct <input type="checkbox"/> Influencer <input type="checkbox"/> None							
If you plan to attend one of the Thursday Forums (1:00-4:00pm), which one? (Included with full conference registration or Thu/Fri registration) <input type="checkbox"/> Advocacy <input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Research and Emerging Issues <input type="checkbox"/> None							
Are you seeking continuing education contact hours at the conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							
Are you a first-time ASHA Conference attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you an ASHA Conference presenter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about this conference? <input type="checkbox"/> ASHA e-newsletter <input type="checkbox"/> ASHA social media <input type="checkbox"/> ASHA Website <input type="checkbox"/> CHEN Digest <input type="checkbox"/> Colleague <input type="checkbox"/> Other:							



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OPTIONAL PRE-CONFERENCE WORKSHOPS ([Read more here](#). Only pick one pre-conference workshop.)
 Thursday, October 4, 9:00 am – 12:00 pm

<p><input type="checkbox"/> \$55 – Incorporating Engaging Health Education in the Classroom</p> <p>This workshop is designed to provide teachers, school nurses and other school personnel the knowledge and skills they will need to teach hands-on/engaging health education in schools and be a partner in a WSCC School Health program.</p>	<p><input type="checkbox"/> \$55 - Everything “SHI” Does is Magic- From Application to Implementation</p> <p>CDC has recently updated the School Health Index (SHI), an online self-assessment and planning guide for schools to align with the WSCC model, a collaborative approach to learning and health. The purpose of this session is to provide participants with skills and knowledge that will assist them in applying assessment results.</p>	<p><input type="checkbox"/> \$55-Understanding Poverty to Enhance Student Success</p> <p>This workshop will include an interactive poverty simulation with data, research, surveys, case studies, and strategies for working with persons living in poverty.</p>
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OPTIONAL POST-CONFERENCE WORKSHOPS ([Read more here](#). Only pick one post-conference workshop.)
 Sunday, October 7, 8:00am-5:00pm

<p><input type="checkbox"/> \$110-Youth Mental Health First Aid (MHFA) Certification Training</p> <p>Participants are trained to look for signs and symptoms of mental health problems or when a problem may be developing in young people and provide early intervention through a 5-part strategy: ALGEE.</p>	<p><input type="checkbox"/> \$110- American Red Cross CPR and AED Training and Certification</p> <p>This course will prepare you to recognize and care for breathing and cardiac emergencies involving adults, children and infants. Upon successful completion of this course you will receive a digital certificate for Adult and Pediatric CPR/AED valid for two years.</p>	<p><input type="checkbox"/> \$110- Untold Stories: LGBTQ+ Cultural Competency</p> <p>This workshop focuses on three crucial areas in the lives of LGBTQ+ youth: the school environment; family, parents, and guardians; and mental health and substance use. Our three interactive workshops will guide school health professionals in challenging their own biases and limitations in regards to working with LGBTQ+ youth.</p>
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Conference REGISTRATION FEES: Please select one from below

GOING GREEN: ASHA's conference app will come out in September for iOS & Android. Condensed program brochures will be provided onsite.		Early Bird: May 9 – August 16	Regular: August 17 – Sept. 20	
FULL CONFERENCE – includes Thursdays Forums, Welcome Reception; Friday's breakfast, All Poster Sessions, Awards Luncheon; and Saturday breakfast and Saturday Roundtable Lunch				
ASHA Regular/Life Member	<input type="checkbox"/>	\$ 360	<input type="checkbox"/>	\$ 415
ASHA Retired Member	<input type="checkbox"/>	\$ 220	<input type="checkbox"/>	\$ 220
ASHA Student Member	<input type="checkbox"/>	\$ 110	<input type="checkbox"/>	\$ 125
Non-Member*	<input type="checkbox"/>	\$ 525	<input type="checkbox"/>	\$ 580
Non-Member Student**	<input type="checkbox"/>	\$ 195	<input type="checkbox"/>	\$ 210
ONE DAY – Options below includes meals and events provided for the rate selected. Selecting Thu/Fri includes both days.				
ASHA Member	<input type="checkbox"/>	\$ 220 – Thu/Fri \$ 220 – Saturday	<input type="checkbox"/>	\$ 255 – Thu/Fri \$ 255 – Saturday
ASHA Retired Member	<input type="checkbox"/>	\$ 155 – Thu/Fri \$ 155 – Saturday	<input type="checkbox"/>	\$ 155 – Thu/Fri \$ 155 – Saturday
ASHA Student Member	<input type="checkbox"/>	\$ 85 – Thu/Fri \$ 85 – Saturday	<input type="checkbox"/>	\$ 85 – Thu/Fri \$ 85 – Saturday
Non-Member	<input type="checkbox"/>	\$ 315 – Thu/Fri \$ 255 – Saturday	<input type="checkbox"/>	\$ 370 – Thu/Fri \$ 305 – Saturday
Non-Member Student **	<input type="checkbox"/>	\$ 145 – Thu/Fri \$ 95 – Saturday	<input type="checkbox"/>	\$ 145 – Thu/Fri \$ 95 – Saturday

* One year ASHA membership included with conference registration. Membership will begin after the conference.

** Non-member students must register via PDF and email/mail with copy of student ID for current academic term in order to receive the discounted rate.

Payment Information					
Pre-Conference	\$	<input type="checkbox"/> PO #:		<input type="checkbox"/> Check #	
Optional Add-ons	\$	Payable to American School Health Association and remitted with this form or invoice #			
		<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Registration Fee	\$	Credit Card # (with dashes)		Exp Date:	
GRAND TOTAL	\$	Card Holder's Name		Billing Zip Code	
Signature/Electronic Signature				Date	
*If the billing address for the credit card is different from the address on Page 1, please enter below:					
Address:					
City:		State/Province:		Zip Code:	

All payments **must** be received by ASHA Headquarters by COB August 17th in order to receive the Early Bird rate, or by COB on September 20th for the Regular rate. Onsite registration will be available at the Regular registration rate, please complete this form before arriving. Purchase Orders accepted for registrations but payments **must** be received by the rate's deadline or credit card information will be collected onsite before the registrant may attend the conference.

ASHA is unable to accept telephone or verbal cancellations. Please provide a written notice by fax or email shown below no later than September 1st to receive a 50% refund of the registration fee. No refunds will be considered after September 1st. Refunds may not be processed until after the conference. If you are unable to attend the conference your registration may be transferred to another individual at no charge if ASHA is emailed/faxed notice before September 1st. No transfers will be honored on-site. Any conference registration may NOT be shared by multiple individuals.