

Register online at https://www.caslpamembership.ca/caslpa_meetings

CASLPA 2012 Conference ❖ Pre-conference – May 9 ❖ Conference – May 10 – 12, 2012 ❖ St. John’s, NL

Registrant Information – Please Print Clearly

First Name: _____ Surname: _____ CASLPA member # _____
 Affiliation: _____
 Address: _____
 City: _____ Prov/State: _____ Country: _____ Postal Code: _____
 Telephone: () _____ Fax: () _____ Email: _____
 Twitter ID: _____ LinkedIn ID: _____

Please check ALL that apply:

CASLPA Member Audiologist Speech-Language Pathologist Supportive Personnel Student
 ASHA Member *See Note 1* Poster Presenter Contributed Paper Presenter Clinical Educator/Supervisor Non-Member
 Other Professional *See Note 9* Affiliated with which professional association? _____ Membership # _____

REGISTRATION FEES

All Fees in Canadian Dollars

On/Before *See Note 3*
April 9, 2012

After
April 9, 2012

Amount
Submitted

Pre-conference: May 9

CASLPA/ASHA Member <i>See Note 1</i>	\$190.00	\$240.00	\$ _____
Non-member <i>See Note 4</i>	\$260.00	\$310.00	\$ _____
CASLPA/ASHA Supportive Personnel Member <i>See Note 1</i>	\$140.00	\$190.00	\$ _____
Supportive Personnel Non-member <i>See Note 4</i>	\$220.00	\$270.00	\$ _____
CASLPA/ASHA Student Member <i>See Note 1</i>	\$115.00	\$140.00	\$ _____
Student Non-member <i>See Notes 2&5</i>	\$190.00	\$215.00	\$ _____
Non speech-language pathology or audiology professionals <i>See Note 9</i>	\$190.00	\$240.00	\$ _____

Full Conference: May 10 - 12

Includes plenary speaker and opening reception, awards banquet, all conference sessions

CASLPA/ASHA Member <i>See Note 1</i>	\$540.00	\$640.00	\$ _____
Non-member <i>See Note 4</i>	\$840.00	\$940.00	\$ _____
CASLPA/ASHA Supportive Personnel Member <i>See Note 1</i>	\$300.00	\$400.00	\$ _____
Supportive Personnel Non-member <i>See Note 4</i>	\$430.00	\$530.00	\$ _____
CASLPA/ASHA Student Member <i>See Note 1</i>	\$255.00	\$305.00	\$ _____
Student Non-Member <i>See Notes 2&5</i>	\$330.00	\$380.00	\$ _____
Non speech-language pathology or audiology professionals <i>See Note 9</i>	\$540.00	\$640.00	\$ _____

2-Day Audiology Program: May 10 - 11

includes AGM lunch and Awards Banquet

CASLPA/ASHA Member <i>See Note 1</i>	\$425.00	\$525.00	\$ _____
Non-member <i>See Note 4</i>	\$725.00	\$825.00	\$ _____

Daily: Thursday Friday Saturday (Excludes social events and awards banquet)

CASLPA/ASHA Member <i>See Note 1</i>	\$315.00	\$365.00	\$ _____
Non-member <i>See Note 4</i>	\$465.00	\$515.00	\$ _____
CASLPA/ASHA Supportive Personnel Member <i>See Note 1</i>	\$185.00	\$235.00	\$ _____
Supportive Personnel Non-member <i>See Note 4</i>	\$270.00	\$320.00	\$ _____
CASLPA/ASHA Student Member <i>See Note 1</i>	\$150.00	\$175.00	\$ _____
Student Non-member <i>See Notes 2&5</i>	\$225.00	\$250.00	\$ _____
Non speech-language pathology or audiology professionals <i>See Note 9</i>	\$315.00	\$365.00	\$ _____

Client Family Member *See Note 6*

Includes admission to a single presentation only

\$25.00	\$35.00	\$ _____
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Guest or Accompanying Person

Includes plenary speaker and opening reception. Excludes educational sessions.

Guest's Name: _____

\$25.00	\$35.00	\$ _____
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Social Events – Thursday, May 10 (GST included in price) *See Note 7*

Extra Banquet Tickets for guests and accompanying people	# Tickets _____ x \$85.00	\$ _____
Rally in the Alley	# Tickets _____ x \$74.00	\$ _____

TOTAL:

\$ _____
(see reverse side)

CASLPA 2012 Conference Registration Form *(continued)*

SESSION SELECTION

Please mark "x" in the box beside the sessions you wish to attend (this is for planning purposes only – you may attend any of the sessions).

Thursday	<input type="checkbox"/> SLP T1	<input type="checkbox"/> SLP T2	<input type="checkbox"/> SLP T3	<input type="checkbox"/> SLP T4	<input type="checkbox"/> SLP T5	<input type="checkbox"/> SLP T6
	<input type="checkbox"/> SLP T7	<input type="checkbox"/> SLP T8	<input type="checkbox"/> SLP T9			
	<input type="checkbox"/> AUD T1		<input type="checkbox"/> CI T1			
Friday	<input type="checkbox"/> SLP F1	<input type="checkbox"/> SLP F2	<input type="checkbox"/> SLP F3	<input type="checkbox"/> SLP F4	<input type="checkbox"/> SLP F5	<input type="checkbox"/> SLP F6
	<input type="checkbox"/> SLP F7	<input type="checkbox"/> SLP F8	<input type="checkbox"/> SLP F9	<input type="checkbox"/> SLP F11	<input type="checkbox"/> SLP F12	
	<input type="checkbox"/> AUD F1	<input type="checkbox"/> AUD F2	<input type="checkbox"/> AUD F3	<input type="checkbox"/> AUD F4	<input type="checkbox"/> AUD F5	
Saturday	<input type="checkbox"/> SLP S1	<input type="checkbox"/> SLP S2	<input type="checkbox"/> SLP S3	<input type="checkbox"/> SLP S4	<input type="checkbox"/> SLP S5	<input type="checkbox"/> SLP S6
	<input type="checkbox"/> SLP S7	<input type="checkbox"/> SLP S8				
	<input type="checkbox"/> CI S1	<input type="checkbox"/> CI S2				

SLP – Speech-language pathology session
AUD – Audiology session
CI – Combined interest session

I will attend the following events:

See Note 7 Plenary Speaker & Opening Reception – Wednesday AGM Lunch – Thursday Learn at Lunch (CJSLPA) – Friday
 CASLPA Run/Walk – Saturday am President's Reception – Friday Annual Awards Banquet – Friday

I have special needs. Describe briefly: _____

I have a medically restricted diet: _____

Alternate diet suggestions: _____

PAYMENT

Payment: Cheque* (Make cheque payable in CDN dollars to "CASLPA") VISA MasterCard *See Note 8* (American Express is not accepted.)

Card Number: _____ Expiry: ____/____/____

Name on Card: _____

Signature of Cardholder: _____

No refunds will be given after April 9, 2012. A \$75.00 administration fee will apply to ALL refunds. All refunds will be issued after the conference. This registration form is your record of registration.

Your registration constitutes acceptance of your personal information being used by the conference organizers for CASLPA conference purposes only. Your personal information will not be distributed to any parties not associated with this conference.

Your registration constitutes acknowledgement of willingness to appear in photographs, motion pictures and videos taken during the CASLPA conference and releases the conference organizers from liability resulting from use of such photographs, motion pictures and/or videos.

I **AGREE** with the above. I **DISAGREE** with the above.
 (If you disagree, please see personnel at the registration desk when you arrive at the conference.)

Signature: _____

Notes:

1. ASHA members will receive the CASLPA member rate.
2. Student members include students enrolled in full-time audiology, speech-language pathology, supportive personnel or related programs. Students must provide proof of enrolment in a full-time program.
3. Payment must accompany this form and be received on or before April 9, 2012 to receive the EARLY registration rate.
4. New members from all provinces and territories who join CASLPA when they register for the conference will qualify for the member conference rate and will also receive a 25% discount on their CASLPA membership fee.
5. Registration fee includes student membership in CASLPA for those meeting membership requirements.
6. Clients being treated by a CASLPA member speech-language pathologist or audiologist (and/or their family members) may be interested in attending a session. Admission to a single session only. A letter of recommendation from the CASLPA member is required and must accompany registration. This does not include the pre-conference.
7. No credit will be given for unused event tickets received as part of your registration.
8. Credit card charges will be posted to your account by CASLPA in Canadian dollars.
9. Those individuals from other education or healthcare professions who belong to their respective provincial or national association are entitled to a special registration rate (e.g. physiotherapists, occupational therapists, dieticians)
10. Save 10% on your conference registration fee when groups of five or more people from the same institution register at the same time. To qualify for the discount, all registrations must be submitted at the same time, together with your payment.

PLEASE SEND THIS COMPLETED FORM WITH FULL PAYMENT TO:

CASLPA 2012 CONFERENCE
 1 Nicholas St., Suite 1000, Ottawa, ON K1N 7B7
 Tel: 613-567-9968 or 1-800-259-8519; Fax: 613-567-2859
 Email: michelle@caslpa.ca or

Register online at https://www.caslпамembership.ca/caslpa_meetings