

2025 KSHA CONVENTION REGISTRATION

February 26-28 | Lexington, Kentucky

Register online at www.ksha.info! Early Registration Deadline is January 16, 2025

ATTENDEE INFORMATION

KSHA Member Number _____

SLP AUD OT PT

Name (preferred for badge) _____

Attendee Email (required for online CE reporting) _____

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

Alma Mater _____

Hearing Impaired Visually Impaired Wheelchair Other _____

How can we assist? _____

A KSHA representative will contact you to discuss possible options.

Opt Out of Networking Features

Do NOT include my contact information (name, email, cell) on the following: Pathfinder Search Vendor Participant List

CONVENTION REGISTRATION FEES

*In order to qualify for member rate, you must be a 2025 KSHA member

	Early Registration On or Before 1/16/25	After 1/16/25	Insert Amount Due
Membership Fees – Renew or join by including your payment			
Yes <input type="checkbox"/> Renew my membership <input type="checkbox"/> Joining today Review the membership table to select the right level for you.			\$
Full Convention Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	\$185	\$230	\$
Non-Member	\$315	\$360	\$
*Student Member	\$30	\$40	\$
Student Non-Member	\$40	\$50	\$
Single Day Registration			
*KSHA Member/ Reciprocal (OH, IN, TN)	\$110	\$155	\$
Non-Member	\$195	\$240	\$
*Student Member	\$20	\$30	\$
Student Non-Member	\$25	\$35	\$
Lunch Add-On			
Friday - Awards Luncheon (Buffet Lunch): \$20 Each			\$
	Foundation Donation		\$
	3% Credit Card Processing Fee		\$
	TOTAL DUE		\$

MEMBERSHIP RATES

For explanation of rates, visit www.ksha.info.

Full Member	Associate/ SLPA Member	Recent Graduate	Student Member
\$55 Master's Degree or higher	\$45 Bachelor's Degree or in the field	\$40 Graduated within the last year	No Charge Full-Time 9 Hrs./Semester

SELECT METHOD OF PAYMENT:

- Register online with a credit card at www.ksha.info
- Email completed form to kshaoffice@ksha.info
- Fax to 412-366-8804
- Mail
Send completed registration form with check or credit card information (checks payable to KSHA):
KSHA
838 East High Street, Suite 263
Lexington, KY 40502
- Purchase Order (Registrations not accepted without purchase order.)
- Fax purchase order and registration form to 412-366-8804
- Email to kshaoffice@ksha.info
- Credit Card (Note: 3% credit card processing fee applies)
 Visa MasterCard Discover AMEX

X _____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

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SESSION SELECTION

Please indicate which sessions you are likely to attend.

Wednesday Sessions

- 1 5 9
 2 6 10
 3 7
 4 8

Thursday Sessions

- 11 16 21 26 31 36
 12 17 22 27 32 37
 13 18 23 28 33
 14 19 24 29 34
 15 20 25 30 35

- Tailgate 38 - Golden Brain Competition Posters

Friday Sessions

- 39 44 49 54 59 64
 40 45 50 55 60 65
 41 46 51 56 61 66
 42 47 52 57 62 67
 43 48 53 58 63

Cancellations: Requests received in writing by February 12, 2025, will receive a refund, less a \$25 processing fee.