



REGISTRATION FORM

Please **PRINT** clearly the following information:

ATTENDEE INFORMATION:

Name: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Daytime Phone: (_____) _____

E-mail: **(Required)**: _____

Registration confirmations will be sent via email on Monday May 6, 2013 to the email above.

I will be requesting CEU's? no yes

ASHA Account/Membership # _____

AAA Account/Membership # _____

NASW Account/Membership # _____

You do not need to register for CEU's to receive a Certificate of Attendance.

SPECIAL ACCOMMODATIONS NEEDED:

ASL Interpreter Assisted Listening Device

➤ CART is provided at all plenaries.

➤ Front row seating is reserved.

REGISTRATION FEES:

	<u>Early Bird</u>	<u>After 5/6/13</u>
Professional	\$145	\$165
Student/Parent	\$35	\$50

Today's Date: _____ Total Amt. Due: \$ _____

Discount!

Is your employer registering 4 or more attendees? If so, you are eligible to receive a **group discount** of \$10 off *each* registration fee. *All registration forms **must** be submitted together to receive discount.*

Registration fee payable by check or money order to: Women & Infants Hospital

Mail payment AND completed registration form to:

Women & Infants Hospital
Attn: RIHAP
101 Dudley
Street, Providence, RI 02905