

Registration Form

ISHA 64th Annual Convention

February 9-10, 2024 | Donald E. Stephens Convention Center • Rosemont, IL

- Group Registrations: Please contact membership@ishail.org if you would like to register a group. We will work with you to secure the registrant's names and setup payment.
- Members of IA, IN, KY, MI, MN, MO, OH & WI and the Illinois Academy of Audiology qualify for member rates! Are you a member of a different state association? If so, be sure to indicate your membership to your state association when asked upon registration to receive ISHA member pricing.
- Pre-registration MUST be postmarked by December 8, 2023 or February 2, 2024 to receive the discounted pre-registration rates listed.
- Registrations received without payment WILL NOT BE PROCESSED. If you are registering with a purchase order YOU MUST SUBMIT a copy of the PO AND MUST INCLUDE the FEIN number. Registration fees must be PAID IN FULL before attendee will be admitted to the meeting.
- Make checks payable to: Illinois Speech-Language-Hearing Association (ISHA). Mail registration and full payment to: Illinois Speech-Language-Hearing Association (ISHA), 35 E. Wacker Drive, Suite 850, Chicago, IL 60601-2106. Registration will also be accepted via fax (312-644-8557) and must include credit card information. If paying by check you may register only by mail. You can also email registrations to membership@ishail.org. No phone registrations will be accepted. For registration questions, call 312-644-0828 or reach out to membership@ishail.org.
- Cancellation Policy: Cancellations must be submitted in writing by January 23, 2024 in order to receive a 50% refund. No refunds will be processed after this date. Please email membership@ishail.org.

Attendee Information

Name _____

Job Title _____ IEIN# _____

Organization _____

Address _____ Home _____ Business _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____ Email _____

Registration Rates

Registrant Type	By 12/08/2023	By 2/2/2024	After 2/2/2024 & On-site	AMOUNT
ISHA Member	\$ 290.00	\$ 330.00	\$ 370.00	_____
Retired Member	\$ 145.00	\$ 165.00	\$ 185.00	_____
Non-Member	\$ 440.00	\$ 480.00	\$ 520.00	_____
Student Member	\$ 70.00	\$ 70.00	\$ 70.00	_____
Student Non-Member	\$ 95.00	\$ 95.00	\$ 95.00	_____

Add-On: Saturday Scholarship Fundraiser/Honors Breakfast/Keynote Speaker	2/10/2023 (7:00am - 9:00am)	AMOUNT
Student Volunteer	Free	_____
College Bowl Participant	Free	_____
Student Non-Volunteer	\$ 5.00	_____
Participant	\$ 35.00	_____

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TOTAL REGISTRATION AMOUNT

\$ _____

Indicate payment: Check enclosed VISA MasterCard

Credit Card # _____ Exp. Date _____ CV _____

Name on Card (please print) _____ Signature _____

Address _____

City _____ State _____ Zip _____

Check one: SLP Audiologist Dual Student Other Life Member (must pay for breakfast)

Illinois Speech-Language-Hearing Association subscribes to the articles of the Title III of the American with Disabilities Act of 1990. Should you or anyone accompanying you require special assistance, please notify us by contacting 312-644-0828. My requirements are _____.

By registering and paying for the ISHA Convention, I hereby authorize the Illinois Speech-Language-Hearing Association (ISHA) permission to use my likeness in a photograph or video in any and all publications, including but not limited to the ISHA newsletter, digital publications, social media outlets, and the ISHA website. I understand and agree that any photograph or video using my likeness will become property of ISHA and will not be returned. I acknowledge that since my participation with ISHA is voluntary, I will receive no financial compensation. I hereby irrevocably authorize ISHA to edit, alter, copy, exhibit, publish, or distribute this photo or video for purposes of publicizing ISHA's activities, mission, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge ISHA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.