



March 1-2, 2010
Early Hearing Detection & Intervention Conference

Conference Registration Form

*Register by February 5, 2010 to get the early rate

Name: _____

Credentials: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

Fax: _____

Email: _____

Please check all of the following entities that you represent:

- Audiologist
- Non-Profit Agency
- Advocacy Group
- Hospital/Birthing Center
- Medical Provider
- State Health Department
- Student
- Local Health Department
- University
- State Education Agency
- Federal Agency
- Part C Agency/Program
- Early Intervention Provider
- Family of a child with hearing loss
- Other, Please Specify: _____

A participant list with contact information will be provided to conference attendees only to enable networking opportunities and will not be distributed in any other way. You will be included unless marked otherwise.

No, do not print my contact info on the participant list.

EHDI CONFERENCE REGISTRATION

MARCH 1-2 2010

EARLY EHDI CONFERENCE REG FEE.....\$200

(On or before February 5, 2010)

REGULAR EHDI CONFERENCE REG FEE.....\$250

(Feb 6 – Feb 22, 2010; onsite registration will be available Feb 28- Mar. 2)

Box Lunch Options for March 1st

- Mediterranean (Vegetarian Option)** : Grilled marinated vegetables, spinach, goat cheese, tomato and roasted pepper relish and pesto dressing on grilled pita bread
- Traditional** : Smoked turkey with havarti cheese, tomatoes, arugula, red pepper and basil aioli on multi-grain ciabatta bread
- Mufalata** : Country ham, mortadella, genoa salami, provolone cheese with olive salad served on crusty italian style bread

InterContinental Chicago O'Hare Hotel
Rosemont, Illinois

PRE- CONFERENCE MEETINGS/WORKSHOPS:

TELEHEALTH (ANCILLARY MEETING)

FEBRUARY 28, 2010/ 9:00AM-5:00PM

Telehealth goals, plans and objectives will be discussed. 10 States will share what they have discovered by implementing Telehealth activities. (see details at www.ehdiconference.org)

You must be registered for the EHDI conference in order to attend this workshop.

TELEHEALTH MEETING.....No Charge

READING TO DEAF CHILDREN: LEARNING FROM DEAF ADULTS

FEBRUARY 28, 2010/ 2:00PM-5:00PM

This workshop teaches the effective book-sharing techniques known as “the 15 Principles for Reading to Deaf Children.” (see details at www.ehdiconference.org)

You must be registered for the EHDI conference in order to attend this workshop. *Session participation is limited*

Reading to Deaf Children.....No Charge

DSHPSHWA ANNUAL MEETING

Directors of Speech and Hearing Programs in State Health and Welfare Agencies

FEBRUARY 28, 2010/ 8:00AM-4:00PM MEETING

*Captioning is not provided, but interpreter services are available

*Does not include registration to EHDI Conference

DSHPSHWA REG FEE.....\$175

Reg Fee includes breaks and lunch on Sunday and supports the DSHPSHWA representation by members at JCIH and ASHA task force meetings.

CONFIRMATIONS:

Confirmations will be e-mailed within 5 business days of receipt of registration.

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a \$25 processing fee. **Written cancellation** requests must be postmarked on or before **February 22, 2010**. No refunds will be made after that date. Substitutions are welcome. Utah State University reserves the right to cancel this event or portions thereof due to insufficient enrollment and limit their liability to registration refunds only.

FOUR EASY WAYS TO REGISTER:

(On-line, fax, and phone registrations must include credit card or purchase order information.) Registrations must be submitted by **February 22, 2010**

- 1. ON-LINE: www.EHDIconference.org
- 2. FAX: 435-797-0636
- 3. MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill
Logan UT 84322-5005
- 4. PHONE: 800-538-2663 or 435-797-0423

METHOD OF PAYMENT

Full Payment is required with Registration (*check one*)

- Check payable to: *Utah State University Conference Services*
- Purchase order # _____ (please attach copy)
- Visa MasterCard AmEx Discover Diners Club

Card # _____

Exp. Date _____

Name as listed on card _____

Signature _____

Cardholders phone # _____

Total Amount Enclosed: \$ _____

SPECIAL NEEDS

Notice of any special needs must be provided by **February 1, 2010** in order to be accommodated.

***Captioning services will be provided in all Plenary and Breakout rooms during the EHDI Conference**

Sign-language or oral interpreting services are available free of charge. Services will be provided if possible but cannot be guaranteed if requests are not made in advance. Please check here if you will need such services.

- Yes No

Do you need a hear kit in your sleeping room?

- Yes No

Reasonable accommodations are available for persons with disabilities. Please check here for additional information.

Please check here if you have special dietary considerations and include an explanation of your requirements.
