



DSHPSHWA / EHDI MEETING REGISTRATION FORM

Early Hearing Detection & Intervention
2016 Annual Meeting
March 13-15, 2016
SAN DIEGO, CALIFORNIA

EHDI MEETING REGISTRATION

Early rates valid on or before February 5, 2016.
Regular rates: February 6- March 7, 2016.
Onsite registration available March 13-15.

Name: _____

Credentials: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

Fax: _____

Email: _____

**DSHPSHWA ANNUAL MEETING
REGISTRATION**.....\$75
Sunday, March 13 – 8:00 a.m. – 12:00 p.m.

DESSERTS WITH DSHPSHWA (included)
Saturday, March 7 - 6:00-8:00 p.m.

EHDI MEETING REGISTRATION (Monday & Tuesday):
 Early (by February 5): \$325 **Regular: \$375**

TO REGISTER: Must be submitted by **March 7, 2016**

1. Register online at: **WWW.EHDIMEETING.ORG** ...or:
2. Send in this completed form with payment:

MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill, Logan UT 84322-5005

FAX: 435-797-0636 (24 Hours)

PHONE: toll free 800-538-2663 or 435-797-0423

E-MAIL: **register.online@usu.edu**

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

Please check all of the following that you represent:

- | | |
|--|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> Advocacy Group | <input type="checkbox"/> Hospital/Birthing Center |
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Student | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> University | <input type="checkbox"/> State Education Agency |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Part C Agency/Program |
| <input type="checkbox"/> Early Intervention Provider | <input type="checkbox"/> EHDI Program Staff |
| <input type="checkbox"/> Family of a child with hearing loss | |
| <input type="checkbox"/> Other, Please Specify: _____ | |

SPECIAL NEEDS Notice of any special needs must be provided by **February 1, 2016** in order to be accommodated.

Please specify any required special dietary needs:

- Vegetarian Vegan Celiac/No Gluten
 Allergy/Other: _____

Please specify any reasonable accommodations for persons with disabilities: _____

ASL interpreter and CART/Captioning services for Sunday Instructional Sessions are available by request. ASL interpreter and CART/Captioning services will be provided in all Plenary and Breakout sessions during the EHDI Meeting.

(required field)

- Yes, I need ASL interpreting during the EHDI Annual Meeting (Monday & Tuesday)
 Yes, I need ASL interpreting during my Instructional Session/s (Sunday)
 Yes, I need CART/captioning during my Instructional Session/s (Sunday)
 Yes, I need a hear kit in my sleeping room
 No, I do not require these services

A participant list with contact information will be provided to meeting attendees to enable networking opportunities and shared with EHDI Coordinators who may contact you regarding the State Stakeholder Meetings. The participant contact information will not be distributed in any other way. **(required field)**

- Yes, my contact info may be printed on the participant list.
 No, do not print my contact info on the participant list.

 Yes, share my contact info with my EHDI Coordinator.
 No, do not share my contact info with my EHDI Coordinator.

EHDI MEETING PRINCIPLES OF PARTICIPATION

The right to participate in the EHDI Annual Meeting is fundamental to ensuring open dialogue between all EHDI stakeholders. The Meeting Co-organizers encourage respectful dialogue as a key element of participation among all meeting participants. The EHDI Annual Meeting opposes the disruption of any meeting sessions or events that results in the inability for dialogue to take place. The EHDI Annual Meeting reserves the right to withdraw the name badge, and therefore deny access, to participants who do not adhere to these Principles of Participation.

I have read and agree to the EHDI Meeting Principles of Participation: (required)

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a \$75 processing fee. Written cancellation requests must be post-marked on or before February 12, 2016. No refunds will be made after that date. Substitutions are welcome at no charge (if additional payment processing is required, a \$25 processing fee will apply).

I have read and agree to the EHDI Meeting Cancellation & Refund Policy: (required)

SUNDAY, MARCH 13, 2016

INSTRUCTIONAL SESSIONS

Included with DSHPHWA Registration.

**Some sessions have a maximum attendance capacity.*

Build Your Skills and Capacity to Develop Community-based Screening Programs

William Eiserman, Jeff Hoffman, Terry Foust (*Max: 25)
1:00 pm – 4:00 pm

Who Cares about Attitudes, Anyway? Dispositions as the Gatekeeper to Exemplary Practice (*Max: 30)

Kathleen Sussman, Mary Ellen Nevins, Joy Kearns
1:00 pm – 3:00 pm

Family-Based Interventions for Children with Hearing Loss

Lori Day, Elizabeth Adams Costa (*Max: 60)
1:00 pm – 3:00 pm

Nice is Not Enough: How Does a System Support a Family?

Patti Martin, Johnnie Sexton
1:00 pm – 4:00 pm

Awakening the Possibilities through Strengths-Based Coaching

Hannah Eskridge, Kathryn Wilson, Lillian Henderson
1:00 pm – 4:00 pm

More than Checking the Box: Mining Assessments to Drive Early Intervention

Allison Sedey, Dinah Beams, Denise Davis-Pedrie
1:00 pm – 5:00 pm

Neurodevelopment of Language and Listening: Using What We Know about the Brain to Inform Clinical Practice

Amy Szarkowski, Denise Eng (*Max: 60)
1:00 pm – 5:00 pm

Data Mining Using Excel - How to Tell Your Story. Tips and Tricks for EHDI Program Personnel

Mary Catherine Hess (*Max: 20)
1:00 pm – 5:00 pm

Supporting Texas Families in Signing and Literacy Skills Through Tele-Intervention

Lynn Reichert (*Max: 20)
1:00 pm – 5:00 pm

FIELD TRIPS

Wednesday, March 16

Visit the website at ehdimeeting.org for descriptions.

\$40 each (meals not included) Space is limited. Not included with your DSHPHWA registration – additional fee required. Select One:

Field Trip Option 1: Tour of San Diego Unified School District Deaf and Hard of Hearing Programs

7:00 a.m. – 12:45 p.m. Maximum: 15 participants

Field Trip Option 2: Tour of Research Labs that focus on Language of Deaf Children

8:45 a.m. – 12:30 p.m. Maximum: 40 participants

Yes, I need ASL interpreting during my Field Trip

SPECIAL SESSIONS

Included with your EHDI Meeting registration

EHDI 101

Sunday, March 13 – 4:30-6:00 pm

This workshop is designed for EHDI Meeting first-time participants, to provide general knowledge and understanding about the history and accomplishments of EHDI and resources for EHDI stakeholders. (Must be registered for the EHDI Meeting.)

EHDI Coordinator Meeting

Wednesday, March 16 – 8:00 am-4:00 pm

STATE STAKEHOLDER MEETING (required field)

Monday, March 14 – 9:15 am-10:45 am

Please indicate which State Stakeholder Meeting you will attend: _____ (name of state)

I will not attend a State Stakeholder Meeting.

Payment Information:

EHDI MEETING REGISTRATION	\$ _____
DSHPHWA MEETING REGISTRATION	\$ _____
FIELD TRIP @\$40	\$ _____
TOTAL:	\$ _____

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

Check payable to: **Utah State University Conference Services**

Purchase order # _____ (please attach copy)

Credit card transactions, call 800-538-2663 or 435-797-0423