



**In Collaboration With**



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

**Presents**

**CSAP Spring Conference | May 19 - 20  
Louisville Marriott Downtown, Louisville, Kentucky**

**Attendee Information**

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Association \_\_\_\_\_

Office Held at Time of Meeting: President  President-Elect  Past President  Term Expires \_\_\_/\_\_\_

Emergency Contact (name and telephone number) \_\_\_\_\_

Food Allergies \_\_\_\_\_

**Meeting/Event Selection**

Yes \_\_\_ No \_\_\_

Is this your first CSAP Meeting?

Yes \_\_\_ No \_\_\_

Attending the Friday Evening CSAP Dinner, Social & Live Auction?

**Registration and Payment Information**

Type	Fee on or Before 5/01/2017	Fee After 5/01/2017	Total Due
<i>Registration Includes Meeting Fees, Friday Dinner, Social &amp; Live Auction and Breakfast Both Days. Lunch is on your own both days.</i>			
Member Registration	\$350	\$400	\$
Management Staff	\$300	\$350	\$
Guest Fee for Dinner/Social	\$40	\$40	\$
2017 Membership Dues <i>(if applicable)</i>	\$375	\$375	\$
<b>Total Payment Due</b>			\$
<b>Payment Options:</b>			
1) Register online. Visit the CSAP Website <a href="http://www.csap.org">www.csap.org</a>			
2) Provide Credit Card Information (Fax to 888-729-3489 or mail form to the CSAP Office) Visa, MasterCard, Discover and American Express <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 400px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> Expiration Date: Month/Year			
3) Checks - Mail to: CSAP, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237			

**Cancellation and Refund Policy: Cancellation requests accepted until May 1. A \$25 processing fee will be deducted.**