

ASHA Registration Form

I plan to attend the Thursday June 10, 2021:

Auditory-Language Processing Challenges for School-Aged Children; Evaluation and Treatment

Please print clearly:

Name: _____

Address: _____

Phone #: _____

Email: _____

Please Check one:

- ☐ Registration by 6/1/21 - **\$75.00**
- ☐ Student (with Student ID) by 6/1/21 - **\$65.00**
- ☐ Registration after 6/1/21 - **\$85.00**
- ☐ Staff Member

Make checks payable to: **The Hagedorn Little Village School**

Amount Enclosed: _____

Phone or Fax registration with Credit Card:

Phone: Jessica Resnick or Kimberly Neary (516) 520-6076

Fax: (516) 520-6080 **Attention:** Jessica Resnick or Kimberly Neary

Credit Card #: _____ CVV: _____

MasterCard ☐ AMEX ☐ Visa ☐

Expiration Date: _____

Name on Card: _____

Signature: _____

Purchase Orders are Accepted

PO# _____

Mail to:

The Hagedorn Little Village School

Jack Joel Center For Special Children

750 Hicksville Rd. Seaford, New York 11783

Refund Policy:

A handling fee of \$10.00 is deducted for cancellation. Refund requests must be received by mail/phone two business days prior to the conference. No refunds will be made thereafter. For questions about registration receipts, payment options, and refunds please contact:

Jennifer Weingart at Jennifer.Weingart@littlevillage.org or 516-520-6000 ext 6027

For further information, please contact Kimberly Neary or Jessica Resnick (516) 520-6076
or email at conferences@littlevillage.org