

CSHA 2026 Conference Registration

Register online at www.cshassoc.org or by mail.

ATTENDEE INFORMATION

Member Number _____

First Name: _____ Last Name _____ Pronouns _____

Attendee Email (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____

Check the appropriate box: SLP AuD Student Parent

Primary Work Setting: _____
(i.e. Schools, University, EI, Home Health, Hospital, SNF, Private Practice)

Opt Out

Do NOT include my contact information (name, email, cell, etc.) on the vendor participant list.

REGISTRATION FEE

Member rates for current CSHA members only.
Cancellations accepted until September 12, 2026. A \$25 processing fee will be deducted.

STUDENTS

Students who volunteer will receive complimentary two day Conference registration. Sign-up link will be posted on the website.

RECIPROCAL/PARENT RATES

Member rates available to Colorado OT/PTs and any allied health professional outside of Colorado with proof of state association membership. Parents may register at the Professional non-member rates. To register, e-mail completed form and membership card to: csha@cshassoc.org

ACCESSIBILITY*

Hearing Impaired Visually Impaired Wheelchair Other _____

| | Register On or Before 9/3/26 | After 9/3/26 | Total Amount Due |
|---|------------------------------|-----------------------------------|------------------|
| Full Conference | | | |
| Member – Professional | \$180 | \$200 | \$ |
| Member – Student | \$40 | \$65 | \$ |
| Non-Member – Professional | \$280 | \$300 | \$ |
| Non-Member – Student | \$80 | \$105 | \$ |
| Single Day | | | |
| Member – Professional | \$150 | \$170 | \$ |
| Member – Student | \$30 | \$55 | \$ |
| Non-Member – Professional | \$250 | \$270 | \$ |
| Non-Member – Student | \$70 | \$95 | \$ |
| Luncheon Options – (Pre-registration required) | | | |
| Friday Lunch – Membership Meeting (New this year limited food truck options will also be available) | \$18 | | \$ |
| Saturday Lunch (For Students Only - Limited Seating Event) | | | |
| <input type="checkbox"/> Yes, I will be attending the Student only lunch. Lunch provided by CSHA. | | | |
| Other | | | |
| Donation: CSHA General Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> Other | | | \$ |
| | | Subtotal | \$ |
| | | Add 3% Credit Card Processing Fee | \$ |
| | | TOTAL DUE | \$ |

Payment Method Options

- Online registration is encouraged at cshassoc.org.
- Group Registrations - Contact the CSHA Office for payment options csha@cshassoc.org.
- Credit Card
Card Number: _____ Exp. Date: _____
- Checks Payable to CSHA: 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237

*Visit www.cshassoc.org to view our Accessibility, Professional Conduct and Complaint Policy