



## 2024 ISHA CONVENTION

April 11-13, 2024 • Sheraton at Keystone Crossing • Indianapolis, Indiana

**Cancellations:** A refund less \$25 processing fee will be issued if request is received in writing prior to March 22, 2024.

**Early Registration Deadline is March 6, 2024. Register online at [www.isha.org](http://www.isha.org).**

Please Print

Name \_\_\_\_\_

Attendee E-mail (required for final CE submission) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Opt Out of Networking Features

☐ Do NOT include my contact information (name, email, cell) on the Vendor Participant List

### Registration Fees

In order to qualify for member rates, you must be a current ISHA member. See [www.isha.org](http://www.isha.org) for membership rates or contact the ISHA Office at 855-727-2836 or [admin@isha.org](mailto:admin@isha.org).

Convention	On or before 3/6/24	After 3/6/24	Total Amount
<b>Full Convention (Member)</b>			
ISHA Member	\$225	\$275	
Life Member	\$125	\$175	
Student Member	\$30	\$50	
<b>Full Convention (Non-Member)</b>			
Non-Member	\$400	\$450	
Student Non-Member	\$45	\$65	
<b>Single Day Convention (Member)</b>			
ISHA Member	\$175	\$225	
Life Member	\$75	\$125	
Student Member	\$15	\$20	
<b>Single Day Convention (Non-Member)</b>			
Non-Member	\$350	\$400	
Student Non-Member	\$25	\$30	
<b>Add-Ons</b>			
<b>Saturday Breakfast Ticket:</b> <b>Annual Business Meeting/Awards Ceremony</b> <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Dairy Free			<input type="checkbox"/> Yes <input type="checkbox"/> No Pre-registration required
Credit Card Fee - Please add 3%			
<b>TOTAL DUE</b>			

## New This Year ... Group Discounts

When at least five professionals from the same workplace register together, they are eligible to receive a discounted registration rate. Examples of workplaces are School Districts, Hospitals, Health/Rehab Centers, University Faculty/Staff, Staffing Agencies or Private Practice.

To learn more about the discounts or download the discount application form, visit [www.isha.org](http://www.isha.org), call 855-727-2836 or email [admin@isha.org](mailto:admin@isha.org).

### METHOD OF PAYMENT

- **Register Online** - Visit [www.isha.org](http://www.isha.org) to register online with a credit card.
- **Purchase Order** - Fax purchase order and registration form to 888-729-3489.
- **Mail** - Complete this form and mail/fax it to the ISHA Office with check or credit card information (**payable to ISHA**) to ISHA Office, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237
- **Fax: 412-366-8804**
- **Credit Card – Note: A 3% service charge will be added to your total.**  
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

x \_\_\_\_\_  
Signature

EXPIRATION DATE

--	--	--	--

CREDIT CARD ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### SESSION CHOICES

Please take a moment to check the Convention sessions that you plan to attend.

Pre-registration is not required, however your selections will assist in planning.

#### Thursday

- |                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Session 1.1 | <input type="checkbox"/> Session 2.1 | <input type="checkbox"/> Session 3.1 | <input type="checkbox"/> Session 4.1 |
| <input type="checkbox"/> Session 1.2 | <input type="checkbox"/> Session 2.2 | <input type="checkbox"/> Session 3.2 | <input type="checkbox"/> Session 4.2 |
| <input type="checkbox"/> Session 1.3 | <input type="checkbox"/> Session 2.3 | <input type="checkbox"/> Session 3.3 | <input type="checkbox"/> Session 4.3 |
| <input type="checkbox"/> Session 1.4 | <input type="checkbox"/> Session 2.4 | <input type="checkbox"/> Session 3.4 | <input type="checkbox"/> Session 4.4 |
| <input type="checkbox"/> Session 1.5 | <input type="checkbox"/> Session 2.5 | <input type="checkbox"/> Session 3.5 | <input type="checkbox"/> Session 4.5 |

#### Friday

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Session 5.1              | <input type="checkbox"/> Session 6.1 | <input type="checkbox"/> Session 8.1 |
| <input type="checkbox"/> Session 5.2              | <input type="checkbox"/> Session 7.1 | <input type="checkbox"/> Session 8.2 |
| <input type="checkbox"/> Session 5.3              | <input type="checkbox"/> Session 7.2 | <input type="checkbox"/> Session 8.3 |
| <input type="checkbox"/> Session 5.4              | <input type="checkbox"/> Session 7.3 | <input type="checkbox"/> Session 8.4 |
| <input type="checkbox"/> Session 5.5              | <input type="checkbox"/> Session 7.4 | <input type="checkbox"/> Session 8.5 |
| <input type="checkbox"/> Demonstrations (Posters) | <input type="checkbox"/> Session 7.5 |                                      |

#### Saturday

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Session 9.1 | <input type="checkbox"/> Session 10.1 | <input type="checkbox"/> Session 11.1 |
| <input type="checkbox"/> Session 9.2 | <input type="checkbox"/> Session 10.2 | <input type="checkbox"/> Session 11.2 |
| <input type="checkbox"/> Session 9.3 | <input type="checkbox"/> Session 10.3 | <input type="checkbox"/> Session 11.3 |
| <input type="checkbox"/> Session 9.4 | <input type="checkbox"/> Session 10.4 | <input type="checkbox"/> Session 11.4 |

### QUESTIONS?

Call the ISHA Office at 855-727-2836 or e-mail [admin@isha.org](mailto:admin@isha.org).

ISHA Tax ID #23-7044510