

2013 Charleston Swallowing Conference:

Cutting Edge Assessment & Treatment

October 11-13, 2013

Course #2162

**4 Ways
to Register!**

1. Online: www.northernspeech.com/charleston
2. Phone: 888-337-3866
3. Fax: 888-696-9655
4. Mail: **NSS**, P.O. Box 1247, Gaylord, MI 49734

Please print very clearly

Name of Registrant _____

ASHA Account Number _____

State License Number _____

Discipline for CEU Processing ☐ SLP ☐ Other _____

Work Facility Name & Address _____

Your Employment Setting ☐ Hospital ☐ Private Practice Clinic ☐ University Faculty

☐ Long-Term Care ☐ School ☐ Home Health ☐ Student ☐ Other _____

Home Address _____

Please indicate numbers where you can be reached regarding seminar changes or updates

Phone: Work (_____) _____

Home (_____) _____

Cell (_____) _____

Email Address _____

Tuition Amount \$ _____ US FUNDS

Credit Card # _____

(Visa, MC, Amerx, Discover)

Expiration Date _____ CV #* _____

*CV# is the last 3 digits on the signature panel of Visa/MC/Discover • 4 digit # above card # on front of Amx

Card Holder's Name _____

Card Holder's Signature _____

Card Holder's Address _____

SPACE IS LIMITED AND REGISTRATION MUST BE CONFIRMED
BY CREDIT CARD,CHECK OR PURCHASE ORDER.

(Make Check payable to NSS.)