**Register online at:** [**www.icantalkclinic.com**](http://www.icantalkclinic.com) **or by mail below:**

***PARTICIPANT APPLICATION***

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Province/Postal Code/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For individuals with disabilities and/or their parent or caregiver, please specify:

Medical diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current AAC system, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration fee:** Includes all workshop sessions, materials, breakfast, Benefit Luncheon attendance, afternoon break:

\_\_\_\_\_\_\_ $**125.00** Early registration by October 15th, 2014 ($175.00 thereafter and at the door)

\_\_\_\_\_\_\_$**90.00** Individuals with disabilities, their parents and caregivers (per person)

**Benefit Luncheon / Keynote Address ONLY:** Does not include workshop attendance. Proceeds from the luncheon will benefit the *Ask me why I’m not talking campaign* to reverse the CMS Capped Rental Rule. Please indicate donation amount per person:

$50 donation $100 donation $200 donation

Want to network after the event? Join us in the Crowne Plaza lounge at the end of the day (cash bar).

**Payment:** We accept payment by check or credit card.

**By check**: Please mail this application and a check (payable to AAC Institute) for the total calculated above to ICAN Talk Clinic of the AAC Institute, Attn: Shannon Carney, 1401 Forbes Avenue, Suite 303, Pittsburgh, PA, 15219, USA.

**By credit card** (*4% surcharge for handling*): Please complete the credit card information below:

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number: VISA Mastercard American Express

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Exp. \_\_\_\_\_\_\_\_\_\_(mm/yyyy) CVC code (back of card):\_\_\_ |

Mail (address above), fax: 412-402-0909 or e-mail completed application form as a scanned PDF file to: [scarney@aacinstitute.org](mailto:scarney@aacinstitute.org) Credit card payment will not be processed without an accompanying application form.

**Cancellation Policy: Up to 15 days (Oct 8th) prior to event, a 75% refund will be issued, after that no refund will be issued.**

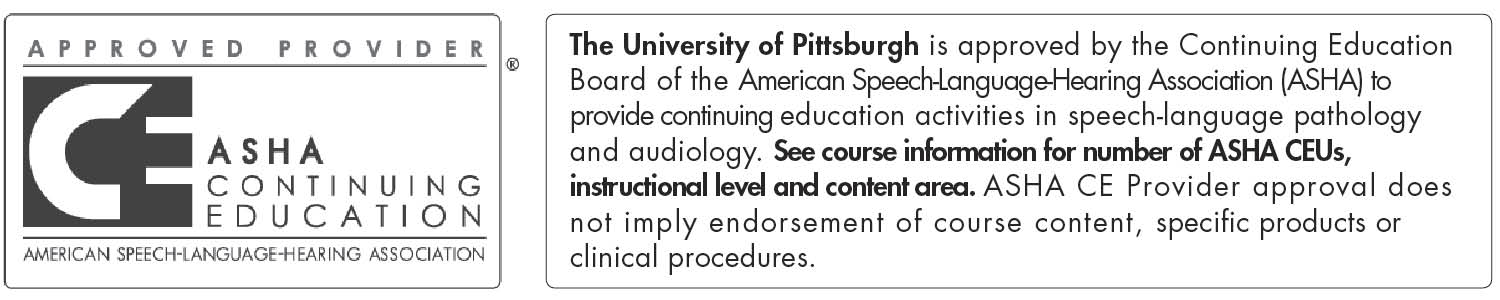
**Acceptance:**

I, the individual listed above subscribe and agree to all terms, conditions, and authorizations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions regarding the workshop? Call Evelyn Meinert at 412-402-0900 or email:** [**emeinert@aacinstitute.org**](mailto:emeinert@aacinstitute.org)

This course is offered for 0.75 CEUs (Intermediate Level, Professional Area)

****