

REGISTRATION FORM

CONTACT INFORMATION (PLEASE PRINT)

First _____ Last _____
 CHT OT PT Other: _____

WORK INFORMATION

Business Name _____
 Street Address _____
 City _____ State/Province _____ ZIP _____ Country _____
 Phone _____ Fax _____
 Email (Note: All conference communication will be sent to this email address.) _____
 HTCC # _____

NUMBER OF YEARS PRACTICING IN HAND THERAPY SPECIALTY:

- 0-5 6-10 11-15
 16-20 21-25
 26-30 31+

NUMBER OF ASHT ANNUAL MEETINGS YOU HAVE ATTENDED

- 25+ 4
 20+ 3
 15+ 2
 10+ 1
 5+ 1st-time attendee!

HOW DID YOU HEAR ABOUT THE ANNUAL MEETING?

(Check all that apply)

- Blast Emails
 ASHT Website
 ASHT Annual Meeting Website
 Other Websites' Schedule of Events
 Save the Date Postcard
 Education Postcard
 Registration Brochure
 From a Colleague
 Other: _____

TO THE BEST OF MY KNOWLEDGE, THE NUMBER OF PATIENTS SEEN IN MY WORK SETTING ON A MONTHLY BASIS IS

(Please select one)

- 1-50 201-299
 51-100 over 300
 101-150 N/A
 151-200

PRACTICE SETTING

(Check all that apply)

- Outpatient Clinic
 Hospital
 Rehabilitation Center
 Academic
 Research
 Not Currently Practicing
 Other: _____

POSITION AT WORK

(Check all that apply)

- Full-Time Therapist (100% Hands)
 Full-Time Therapist (Partial Hands)
 Part-Time Therapist (100% Hands)
 Part-Time Therapist (Partial Hands)
 Supervisor/Manager/Administrator
 Owner of a Private Practice
 Researcher
 Educator
 Military
 Other: _____

ARE YOU A CLINICAL DIRECTOR?

- Yes No

MEMBERSHIP IN OTHER ORGANIZATIONS

(Check all that apply)

- AOTA AAHS APTA
 Other: _____

SALARY RANGE

- Less than \$25,000
 \$25,000 - \$29,999
 \$30,000 - \$34,999
 \$35,000 - \$39,999
 \$40,000 - \$44,999
 \$45,000 - \$49,999
 \$50,000 - \$54,999
 \$55,000 - \$59,999
 \$60,000 - \$64,999
 \$65,000 - \$69,999
 \$70,000 - \$74,999
 \$75,000 - \$79,999
 \$80,000 - \$84,999
 \$85,000 or more

DATE OF BIRTH

 (mm/dd/yyyy)

ETHNICITY

- African American or Black (Not of Hispanic Origin)
 Asian
 Pacific Islander or Native Hawaiian
 American Indian or Alaskan Native
 Hispanic/Latino
 White (Not of Hispanic Origin)
 Other: _____

GENDER

- Male Female



ADA COMPLIANCE:

Refer to page 4 in the registration brochure.

ASHT takes our data responsibilities very seriously and we want you to have confidence in how we handle your personal data. The data provided will only be used by ASHT and ASHT-approved sponsors of this event to conduct the necessary business of the association in serving you. Please indicate whether or not you opt-in to receiving information regarding the 2018 ASHT Annual Meeting, affiliate events at the Annual Meeting and future ASHT Annual Meetings via email. Your contact information is being collected for the purpose of being able to communicate with you. Other data collected is being used to help customize your experience within our organization.

- I opt-in to receiving communications about the 2018 Annual Meeting
 I opt-out of receiving communications about the 2018 Annual Meeting

THE FOLLOWING INFORMATION MUST BE SUPPLIED IF YOU ARE REGISTERING AS A STUDENT.

Upon contact, the course/program director listed below will certify that the student on this form is a student of the institution listed below.

Course Director/Program Director Name Email Address: _____

Name: _____

REGISTRATION FORM

MUST SELECT THE PRE-CONFERENCE SESSION YOU ARE ATTENDING AT THE TIME OF REGISTRATION.

Pre-Conference Institutes: Thursday, September 20, 12:00 PM – 4:00 PM

1. Moving Beyond Nerve Mobilization and into Neurodynamics – It's Not Just a Nomenclature Change!

Mark Walsh, PT, DPT, MS, CHT
Lauren DeTullio, MS, OTR/L, CHT
Ann Lucado, PT, PhD, CHT

3. Hands on Orthotics – Orthoses to Facilitate Wrist Stability

Presented by ASHT Education Division
Hannah Gift, OTR/L, CHT, COMT, UE, CEAS
Stephanie Strouse, OTR/L, CHT
Kimberly Kraft, PT, DPT, CHT

2. Reckoning With the Wrist: Selected Topics in Wrist Rehabilitation

Terri Skirven, OTR/L, CHT
Terri Wolfe, OTR/L, CHT
Sheri Feldscher, OTR/L, CHT
Shelli Lucas Dellinger, OTR/L, CHT

4. Finger Orthoses: Relative Motion and More

Noelle Austin, MS, PT, CHT
Kimberly Goldie Staines, OTR, CHT
Donald Lalonde, MD, FRCSC

SUMMARY OF FEES

Total Amount Due

\$ _____

PAYMENT INFORMATION:

Make checks payable to ASHT (U.S. funds drawn on a U.S. bank only) or provide credit card information. Do not send cash.

Charge my

- Visa MasterCard
 American Express

Card No. _____

Exp. Date _____

Cardholder's Name _____

Signature _____

CANCELLATIONS/REFUNDS

To cancel your registration and receive a refund, a written request must be received in the ASHT office on or before September 1, 2018. Cancellation requests received by this date will receive a refund less a \$50 processing fee. Requests will be processed after the meeting. There will be no refunds issued for requests received after September 1, 2018. Please forward written requests to Victoria Converse at vconverse@asht.org.

DONATE TO THE ASHT ANNUAL MEETING FUND \$ _____

PRE-CONFERENCE INSTITUTES		
<input type="checkbox"/> Moving Beyond Nerve Mobilization	<input type="checkbox"/> Reckoning With the Wrist	\$175
<input type="checkbox"/> Hands On Orthotics	<input type="checkbox"/> Finger Orthoses	

FULL CONFERENCE REGISTRATION – SEPTEMBER 20-23, 2018

FULL MEETING REGISTRATION (Does not include ticketed events)	EARLY (before 8/17/18)	REGULAR
<input type="checkbox"/> Member	\$650	\$750
<input type="checkbox"/> Non-Member	\$885	\$985
<input type="checkbox"/> Student Member	\$170	\$375
<input type="checkbox"/> Student Non-Member	\$275	\$375
<input type="checkbox"/> Retired Member	\$495	\$595
<input type="checkbox"/> Group Rate Member*	\$630	\$730

*For groups of 3 or more attendees from the same institution who are all members of ASHT. Please complete a registration form for each attendee and fax to 856-439-0525, Attn: ASHT Registration. All registration forms for the group must be received at the same time in order to get the group rate.

REGISTRATION AND MEMBERSHIP PACKAGE	EARLY (before 8/17/18)	REGULAR
<input type="checkbox"/> Education Plus – Current Member	\$875	\$975
<input type="checkbox"/> Education Plus – Non-Member	\$975	\$1075
<input type="checkbox"/> Education Plus – Student	\$224	\$324

Education Plus combines membership dues and Annual Meeting registration into one payment. Education Plus is for colleagues who wish to either join ASHT or renew their ASHT membership. Registration fees include meeting registration at the member rate and membership for the remainder of the current year and following year. Membership will be valid thru 12/31/19.

SINGLE-DAY REGISTRATION	
<input type="checkbox"/> Single Day – Member	\$375
<input type="checkbox"/> Single Day – Member Student	\$75
<input type="checkbox"/> Single Day – Non-Member	\$475
<input type="checkbox"/> Single Day – Non-Member Student	\$90

Thursday Friday Saturday Sunday

Check off the day you will attend. Includes lectures and exhibits only on the day of your choice. Single-Day Registration does not include ticketed events.

ADDITIONAL REGISTRATION ITEMS	
<input type="checkbox"/> ASHT Social Event	\$40
<input type="checkbox"/> AHTF Scholar Lecture	\$35
<input type="checkbox"/> Guest Badge (does not permit entrance into session rooms – exhibit hall entrance only)	\$125

Guest First Name & Last Name _____