



REGISTRATION FORM

Early Hearing Detection & Intervention 2018 Annual Meeting March 18-21, 2018 DENVER, COLORADO

MEETING REGISTRATION

Early rates - valid if paid in full on or before February 9, 2018.

Regular rates: February 10, 2018 – March 15, 2018.

Onsite registration available March 18-21, 2018.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Province: _____ Country: _____

Postal Code: _____ Phone: _____

Email: _____

MEETING REGISTRATION (Monday & Tuesday):

☐ Early: \$350 ☐ Regular: \$400 ☐ Onsite: \$450

☐ STUDENT MEETING REGISTRATION

☐ Early: \$150 ☐ Regular: \$175 ☐ Onsite: \$200

To be eligible for the student registration rate, you must currently be enrolled in a master's or doctoral program with an interest in being involved in EHDI after graduation.

TO REGISTER: Must be submitted by **March 16, 2018**

1. Register online at: **WWW.EHDIMEETING.ORG** ...or:

2. Send in this completed form with payment:

MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill, Logan UT 84322-5005

FAX: 435-797-0636 (24 Hours)

PHONE: toll free 800-538-2663 or 435-797-0421

E-MAIL: **register.online@usu.edu**

Confirmations will be e-mailed within 5 business days of receipt.

(Instructional Sessions & payment section on next page.)

Please check all of the following that you represent:

- | | |
|---|---|
| ☐ Audiologist | ☐ Non-Profit Agency |
| ☐ Advocacy Group | ☐ Hospital/Birthing Center |
| ☐ Medical Provider | ☐ State Health Department |
| ☐ Student | ☐ Local Health Department |
| ☐ University | ☐ State Education Agency |
| ☐ Federal Agency | ☐ Part C Agency/Program |
| ☐ Early Intervention Provider | ☐ AAP EHDI |
| ☐ Family of child w/hearing loss | ☐ EHDI Program Staff |
| ☐ Other, Please Specify: _____ | |

SPECIAL NEEDS

Requests for reasonable accommodations for special needs will be accepted through February 1, 2018. (required field)

I need:

- ☐ ASL interpreting during the EHDI Annual Meeting
☐ ASL interpreting during my Instructional Sessions
☐ CART/captioning during my Instructional Sessions
☐ I need a hear kit in my sleeping room
☐ **I do not require these services**

Note: ASL interpreter and CART/Captioning services for Instructional Sessions are available by request. ASL interpreter and CART/Captioning services will be provided in all Plenary and Breakout sessions during the EHDI Meeting.

☐ **Special needs accommodation request** (persons with disabilities): _____

Dietary restrictions:

☐ Vegetarian ☐ Vegan ☐ Celiac-No Gluten ☐ Allergy-Other

Specify Allergy-Other: _____

Note: the information above is for planning purposes only and does not guarantee a special meal.

A participant list with contact information will be provided to meeting attendees to enable networking opportunities and shared with EHDI Coordinators who may contact you regarding the State Stakeholder Meetings. The participant contact information will not be distributed in any other way. **(required field)**

- ☐ Yes, my contact info may be printed on the participant list.
☐ No, do not print my contact info on the participant list.

☐ Yes, share my contact info with my EHDI Coordinator.
☐ No, do not share my contact info with my EHDI Coordinator.

EHDI MEETING PRINCIPLES OF PARTICIPATION

The right to participate in the EHDI Annual Meeting is fundamental to ensuring open dialogue between all EHDI stakeholders. The Meeting Co-organizers encourage respectful dialogue as a key element of participation among all meeting participants. The EHDI Annual Meeting opposes the disruption of any meeting sessions or events that results in the inability for dialogue to take place. The EHDI Annual Meeting reserves the right to withdraw the name badge, and therefore deny access, to participants who do not adhere to these Principles of Participation.

☐ **I have read and agree to the EHDI Meeting Principles of Participation: (required field)**

CANCELLATION & REFUND POLICY:

Refunds will be made to those registrants who must cancel, less a \$75 processing fee. Written cancellation requests must be post-marked on or before February 16, 2018. No refunds will be made after that date. Substitutions are welcome at no charge (if additional payment processing is required, a \$25 processing fee will apply).

☐ **I have read and agree to the EHDI Meeting Cancellation & Refund Policy: (required field)**

SPECIAL SESSIONS (INCLUDED WITH EHDI MEETING REGISTRATION UNLESS NOTED)

☐ **EHDI Coordinator Meeting**

Sunday, March 18 – 8:00 am-3:00 pm

☐ **DSHPSHWA Annual Meeting**

Sunday, March 18 – 3:30-5:30 p.m. \$75

STATE STAKEHOLDER MEETING (required field)

Monday, March 19 – 9:30 am-11:00 am

Please indicate which State Stakeholder Meeting you will attend: _____ (name of state)

☐ I will not attend a State Stakeholder Meeting.

SELECT ONE:

☐ **EHDI 101**

Sunday, March 18 – 4:30-6:00 pm

This workshop is designed for EHDI Meeting first-time participants, to provide general knowledge and understanding about the history and accomplishments of EHDI and resources for EHDI stakeholders

☐ **EHDI STUDENT KICKOFF**

Sunday, March 18 – 4:30-6:00 pm

This opening session is specifically designed for student participants, welcoming them to the EHDI community as aspiring professionals.

FIELD TRIPS

Wednesday, March 21

SELECT ONE:

☐ **Rocky Mountain Deaf School**

9:00 am – 1:00 pm

☐ \$25 (*Min: 8; Max:15)

☐ **Colorado School for the Deaf and the Blind**

7:30 am – 2:00 pm

☐ \$75 (*Min: 3; Max: 14)

Payment Information:

EHDI MEETING REGISTRATION: \$ _____

Instructional Session(s): _____ x \$50 ea: \$ _____

Field Trip _____ x \$25: _____ x \$75: \$ _____

TOTAL: \$ _____

Full Payment is required with Registration (*check one*)

☐ Check payable to: **Utah State University Conference Services**

☐ Purchase order # _____ (please attach copy)

☐ Credit card transaction must be made online or by phone.
(Call 800-538-2663 or 435-797-0423)

INSTRUCTIONAL SESSIONS - \$50 each

*Some sessions have minimum and/or maximum attendance capacity.

SUNDAY, MARCH 18, 2018

☐ **Horse as Interventionist: An Interactive Relationship-focused Experience for Parents and Providers**

Offsite at Happy Dog Ranch (*Min: 6; Max: 16)

Additional fee of \$15 for lunch during the session (to be paid on-site by participant). Depart 8:00 am (Participants responsible for their own transportation to/from Ranch)
Session is from 9:00 am – 4:00 pm (one hour lunch break)

MORNING SESSIONS:

☐ **Parents as Collaborative Leaders (PACL) Training – The NC EHDI Experience**

8:00 am – 12:00 pm (*Min: 6; Max: 20)

☐ **Monitoring the Fidelity of Early Intervention Services for Children Who Are Deaf or Hard of Hearing**

9:00 am – 11:00 am (*Max: 50)

☐ **Personalized Professional Development for Early Intervention Professionals**

8:00 am – 11:00 am (*Min: 5; Max: 25)

☐ **Technology 101: A Hands-on Workshop for Supporting Optimal Outcomes in Children with Hearing Loss**

9:00 am – 11:00 am

AFTERNOON SESSIONS:

☐ **Medical Home Enhancement via Integrative Solutions**

12:00 pm – 3:00 pm

☐ **Brain Architecture: Foundations for the Future**

12:00 pm – 4:00 pm (*Min: 6; Max: 55)

☐ **Visual Communications and Sign Language Checklist, Online Version (VCSL:O) Training**

12:00 pm – 4:00 pm (*Max: 30)

Must bring your own laptop

☐ **Using LENA Technology to Enhance Intervention, Progress Monitoring and Assessment**

1:00 pm – 4:00 pm (*Max: 50)

☐ **Cytomegalovirus Action – CMV Public Health and Policy Advocacy**

1:00 pm – 4:00 pm

☐ **Uniquely Delivering Family-to-Family Support Within EHDI Systems and Beyond**

1:00 pm – 4:00 pm

☐ **Language Deprivation: Understanding the Good, the Bad, and the Ugly**

2:00 pm – 4:00 pm (*Max: 64)

WEDNESDAY, MARCH 21, 2018

☐ **Don't Just Do Something. Stand There! Becoming a Trauma-informed Parent-to Parent/Early Intervention Support System** (*Min: 10; Max: 20)

8:00 am – 3:00 pm (one hour lunch break)

☐ **DSHPSHWA Grant Writing Workshop**

8:00 am - 12:00 pm (*Max: 50)