



# ANCDS

Academy of Neurologic Communication Disorders and Sciences

## 2019 ANNUAL ANCDS SCIENTIFIC AND BUSINESS MEETING

Hotel: Hyatt Regency Orlando  
November 20, 2019

### REGISTRATION FORM

**Early Registration Deadline: November 6, 2019**

#### MEMBERSHIP STATUS:

- Member  Student  Non-member\*

#### BOARD CERTIFICATION:

- Yes  No

For currently enrolled students, specify the program name, university and location below:

\_\_\_\_\_

\_\_\_\_\_

#### ATTENDEE INFORMATION:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Honors Luncheon:  Attending  Not Attending

#### DIETARY NEEDS:

- |  |  |
|--|--|
| <input type="checkbox"/> No Pork                   | <input type="checkbox"/> No Red Meat     |
| <input type="checkbox"/> Vegetarian                | <input type="checkbox"/> Vegan           |
| <input type="checkbox"/> Dairy Allergy             | <input type="checkbox"/> Eggs Allergy    |
| <input type="checkbox"/> Fish Allergy              | <input type="checkbox"/> Peanuts Allergy |
| <input type="checkbox"/> Shellfish Allergy         | <input type="checkbox"/> Soy Allergy     |
| <input type="checkbox"/> Tree Nuts Allergy         |  |
| <input type="checkbox"/> Wheat Allergy/Gluten Free |  |

#### ANCDS STUDENT SPONSORSHIP (OPTIONAL):

ANCDS is seeking sponsorships for student fellows to attend the annual Scientific & Business Meeting. Please indicate below the level of support you wish to add to your registration fee. All sponsorship money will be used to fund the fellowship program.

Donation Amount:

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_

\$100 \_\_\_\_\_ \$150 \_\_\_\_\_

Other: \_\_\_\_\_

#### REGISTRATION FEE

(Includes Educational & Scientific Program, Continental Breakfast, Honors Luncheon and Coffee Break)

ANCDS Member \_\_\_\_\_ \$215

Student \_\_\_\_\_ \$105

Non-member\* \_\_\_\_\_ \$250

On-Site/ Late  
Registration  
(after Nov 6) \_\_\_\_\_ \$250

Enclose check (*US dollars only*) payable to ANCDS with this form and mail to:

ANCDS  
2345 Rice Street, Suite 220  
St. Paul, MN 55113

#### \* NON-MEMBERS:

Apply for membership today and receive the discounted rate! To be eligible for the member rate, please return the Membership Application form, along with this Annual Meeting Registration form. You may access the membership form on the website at [ancds.org](http://ancds.org). Include payment for the meeting registration fee and the member or student membership fee.

**Academy of Neurologic Communication Disorders and Sciences**

2345 Rice Street, Suite 220

St. Paul, MN 55113 | Phone: 651.925.5528 | Fax: 651.317.8048 | Email: [info@ancds.org](mailto:info@ancds.org)