

IAL ANNUAL MEETING REGISTRATION **FORM A**

Clarksville, Indiana

June 17-19, 2010

If you are a laryngectomee and would like assistance to develop or improve your speech, you should register for the IAL Voice Institute as a Voice Institute Pupil (VIP) and use **FORM B, the IAL Voice Institute form.**

If you have been a laryngectomee for at least two years, have good speaking skills, and would like in-depth instruction in communication methods and related topics in order to serve as a peer-counselor to other laryngectomees, register for the IAL Voice Institute as a Laryngectomee Trainee (LT) and use **FORM B (IAL Voice Institute form).**

If you are a spouse, caregiver or a laryngectomee not looking for speech assistance as a VIP or becoming a Laryngectomee Trainee, **fill out this form.**

All others please complete this form to register for the Annual Meeting.

Registration Fee: \$65.00 per person (If mailed on or before May 24, 2010)
\$75.00 per person (If mailed after May 24, 2010)

First Attendee (Please Print) _____ Laryngectomee? Yes No

Second Attendee _____ Laryngectomee? Yes No

Street Address _____

City _____ State/Province _____ ZIP _____ Country _____

Phone Number (____) _____ E-Mail _____

Check here if you do not want to have your address, phone, or e-mail included on the attendee list.

Check here if you require assistance or special accommodations to attend the meeting because of physical limitations. You will be contacted for further information. (Note: All sessions of the Annual Meeting and Voice Institute are conducted in English, and if needed, you must arrange for your own translator).

You may also register on line at <http://www.TheIAL.com/Clarksville>

Mail check or money order payable in U.S. dollars to: IAL and mail it to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309.

Payment by Credit Card:

Please check VISA MasterCard Discover American Express (Go to www.TheIAL.com to use PayPal)

Cardholder Name _____ Card Number _____

Expiration Date _____ Security Code _____ Cardholder Signature _____

Please register for the IAL Annual Meeting OR the IAL Voice Institute.

Do NOT register for both events. ALSO REGISTER FOR THE HOTEL USING THE INFORMATION BELOW.

Holiday Inn Lakeview

505 Marriott Drive, Clarksville, IN 47129

Phone: 1-800-544-7075, Fax: (812) 283-1619

<http://www.Holiday-Inn.com/ClarksvilleKY>

Group discount rate is \$82.95/night + tax (1 or 2 people). This rate runs from June 13-22 for those who wish to come early or stay late.

Be sure to mention that you are with the 2010 IAL Meeting to get this discounted rate.

IAL VOICE INSTITUTE REGISTRATION

FORM B

Clarksville, Indiana

June 16-19, 2010

If you are a laryngectomee and would like assistance to develop or improve your speech, register for the IAL Voice Institute as a Voice Institute Pupil (VIP) using this form.

If you have been a laryngectomee for at least two years, have good speaking skills, and would like in-depth instruction in communication methods and related topics in order to serve as a peer-counselor to other laryngectomees, register as a Laryngectomee Trainee (LT) using this form.

All others please complete FORM A (Annual Meeting Registration form)

Registration Fees check one):	On or before May 24, 2010	After May 24, 2010
<input type="checkbox"/> Voice Institute Pupil (VIP)	\$80 (limited scholarships available)	\$95
<input type="checkbox"/> Laryngectomized Trainee (LT)	\$80 (limited scholarships available)	\$95
<input type="checkbox"/> Speech Pathologists (ST) \$400		\$425
<input type="checkbox"/> Graduate Student (GS) \$150		\$165

First Attendee (Please Print) _____ Laryngectomee? Yes No

Second Attendee _____ Laryngectomee? Yes No

Street Address _____

City _____ State/Province _____ ZIP _____ Country _____

Phone Number (____) _____ E-Mail _____

Note: All sessions of the Annual Meeting and Voice Institute are conducted in English, and if needed, you must arrange for your own translator).

You may also register on line at <http://www.TheIAL.com/Clarksville>

Mail check or money order payable in U.S. dollars to: IAL and mail it to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309.

By Credit Card: check VISA MasterCard Discover American Express (Go to TheIAL.com to use PayPal)

Cardholder Name _____ Card Number _____

Expiration Date _____ Security Code _____ Cardholder Signature _____

**Please register for the IAL Annual Meeting OR the IAL Voice Institute. Do not register for both.
ALSO REGISTER FOR THE HOTEL USING THE INFORMATION BELOW.**

Headquarters Hotel: Holiday Inn Lakeview 505 Marriott Drive, Clarksville, IN 47129, Phone: 1-800-544-7075, Fax: (812) 283-1619, <http://www.Holiday-Inn.com/ClarksvilleKY>. Group discount rate is \$82.95/night + tax (1 or 2 people) (Rate good from June 13-22). Parking is free. Mention the IAL to get the discount rate.

There are a limited number of Batten Scholarships available for laryngectomees who require financial assistance to attend. To apply for eligibility please visit <http://www.TheIAL.com/Clarksville> or contact

Jeff Searl, PhD., CCC-SLP
The University of Kansas Medical Center
Hearing and Speech Department
3901 Rainbow Blvd MS3039
Kansas City KS 66160
jsearl@kumc.edu