

# Registration Form

## 2023 Sol Adler Memorial Conference

### Monday, March 27, 2023

#### Attendee Information

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

Number: \_\_\_\_\_  
CCV: \_\_\_\_\_

**\*Mastercard, Visa, and Discover—ONLY\***

#### Registration Type:

- |   |           |
|---|-----------|
| <input type="checkbox"/> Professional FULL DAY      | \$125     |
| <input type="checkbox"/> TEIS SCs and EIs FULL DAY  | \$50      |
| <input type="checkbox"/> UTHSC Faculty              | \$25      |
| <input type="checkbox"/> Parent                     | \$25      |
| <input type="checkbox"/> UTHSC SLP and AuD Students | no charge |

#### Dietary Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Payment Options

1. Mail this registration form with check to: UT Department of Audiology and Speech Pathology  
600 Henley Street  
Room B055  
Knoxville, TN 37996
2. Fax this form to: 865-974-1539 Attn: Karen Poland
3. Call Karen Poland at 865-974-0697