



## DSHPSHWA / EHDI MEETING REGISTRATION FORM

Early Hearing Detection & Intervention  
2017 Annual Meeting February 26-28, 2017  
ATLANTA, GEORGIA

### EHDI MEETING REGISTRATION

Early rates valid on or before January 20, 2017.  
Regular rates: January 21 – February 20, 2017.  
Onsite registration available February 24 – February 28, 2017.

Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### **EHDI MEETING REGISTRATION (Monday & Tuesday):**

Early (by January 20): \$350     Regular: \$400

**DSHPSHWA ANNUAL MEETING  
REGISTRATION.....\$50**  
Wednesday, March 1 – 7:30-9:30 a.m.

**EHDI Coordinator Meeting**  
Wednesday, March 1 – 9:45 am-3:30 pm

### **TO REGISTER:** Must be submitted by **February 20, 2017**

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 435-797-0423

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

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

### **Please check all of the following that you represent:**

- |  |   |
|--|---|
| <input type="checkbox"/> Audiologist                         | <input type="checkbox"/> Non-Profit Agency        |
| <input type="checkbox"/> Advocacy Group                      | <input type="checkbox"/> Hospital/Birthing Center |
| <input type="checkbox"/> Medical Provider                    | <input type="checkbox"/> State Health Department  |
| <input type="checkbox"/> Student                             | <input type="checkbox"/> Local Health Department  |
| <input type="checkbox"/> University                          | <input type="checkbox"/> State Education Agency   |
| <input type="checkbox"/> Federal Agency                      | <input type="checkbox"/> Part C Agency/Program    |
| <input type="checkbox"/> Early Intervention Provider         | <input type="checkbox"/> EHDI Program Staff       |
| <input type="checkbox"/> Family of a child with hearing loss |   |
| <input type="checkbox"/> Other, Please Specify: _____        |   |

**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.

### **SPECIAL NEEDS**

*Requests for reasonable accommodations for special needs will be accepted through February 1, 2017. (required field)*

#### **I need:**

- ASL interpreting during the EHDI Annual Meeting  
 ASL interpreting during my Instructional Session/s (Sunday)  
 CART/captioning during my Instructional Session/s (Sunday)  
 I need a hear kit in my sleeping room  
 **I do not require these services**

*Note: ASL interpreter and CART/Captioning services for Sunday 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.

### **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 1, 2017. 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)

**EHDI 101**

**Sunday, February 26 – 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. (Must be registered for the EHDI Meeting.)

**STATE STAKEHOLDER MEETING**

**Monday, February 27 – 9:15 am-10:45 am**  
(required field)

**Please indicate which State Stakeholder Meeting you will attend:** \_\_\_\_\_ (name of state)

**I will not attend a State Stakeholder Meeting.**

**SUNDAY, FEBRUARY 26, 2016**  
**INSTRUCTIONAL SESSIONS**

\*Some sessions have a maximum attendance capacity.

ONE instructional session is included with your DSHPHWA Meeting Registration. Additional sessions at your own cost.

**FULL DAY SESSIONS:**

**Real-Time Embedded Coaching, An Effective Tool for Working with Families**

9:00 am – 4:00 pm (one hour lunch break)

**Trauma-Informed Care: Shaking Things Up for Audiologists and EI Providers (\*Max: 20)**

9:00 am - 4:00 pm (one hour lunch break)

**MORNING SESSIONS:**

**Demonstrating Key Steps in Achieving Literacy**

9:00 am – 12:00 pm

**Action Planning: Raising Awareness of Congenital Cytomegalovirus among Professionals and the Public**

10:00 am – 12:00 pm

**AFTERNOON SESSIONS:**

**Data Mining Using Excel - How to Tell Your Story. Data Excavation Tips for EHDI Program Personnel**

(\*Max: 20)

12:30 pm – 4:30 pm

**The Common Ground Project: A Framework for Collaboration**

1:00 pm – 4:00 pm

**Creating an Interstate Data Sharing Agreement with your Neighbors**

1:00 pm – 4:00 pm

**Logic Models, Performance Measures and Metrics - An Interactive Workshop Using Key Evaluation Tools to Improve Strategic Planning for EHDI (\*Max: 50)**

1:00 pm – 5:00 pm

**Inside, Outside, Upside Down; Infusing The EHDI System with Deaf and Hard of Hearing Partners and Parents**

1:30 pm – 4:30 pm

**FIELD TRIP**

**Wednesday, March 1**

\$50

**Participants will first visit the Atlanta Area School for the Deaf (AASD) to see their joint project with Georgia Tech and will then visit the Atlanta Area Speech School. Space is limited. (meals not included)**

**Payment Information:**

**EHDI MEETING REGISTRATION:** \$ \_\_\_\_\_

DSHPHWA Annual Meeting Registration \$ \_\_\_\_\_ \$50

Additional Instructional session (1 free) x \$50: \$ \_\_\_\_\_

**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)

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