



NSHA eCourse Registration Form

A discount of 20% is available for NSHA(Nevada Speech-language-Hearing Association) members. To receive this discount, you will need to complete this form and provide to NSS by mail or fax.

eCourse # _____ **Regular Price** _____ **20% Discount Price*** _____
(Discount does not apply to #'s e01, e02, & e03.) *20% Off the Regular Price only – NOT off of a Sale Price.

Name of Registrant _____

ASHA Account Number _____

State License Number _____

Discipline: SLP SLPA Other: _____

Facility Name _____

Billing Address _____

Home Address _____

Work Phone # _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Check or Purchase Order # _____

(Please note: A Purchase Order does NOT constitute as payment. Only when we receive payment via check or credit card will the eCourse become available.)

Credit Card # _____

(Visa, MC, AMEX, Discover)

Expiration Date _____ CV#* _____

*CV# is the last 3 digits on the signature panel of Visa/MC/Discover * 4 digit # above card # on front of AMEX

Card Holder's Name _____

Card Holder's Signature _____

Card Holder's Address _____