



**FLORIDA ASSOCIATION
OF SPEECH-LANGUAGE
PATHOLOGISTS AND
AUDIOLOGISTS**

CE MEETING CO-SPONSORSHIP Request Application

COURSE NAME: _____

Start Date: _____ End Date: _____

Location: _____

Coordinators Name: _____

Company/Firm: _____

Mailing Address (*for forms*): _____

City _____ State _____ Zip: _____

Work Phone: _____ Fax: _____

Email: _____

NOTE: COURSE MUST BE SUBMITTED 60 DAYS PRIOR TO THE ACTIVITY START DATE

THE FOLLOWING MUST ACCOMPANY THE COMPLETED APPLICATION FORM:

- Preliminary Program or sample mailer (including presenters/topics)
- Objectives

Number of Attendees: _____ Registration Fee: _____ Number of CEUs Requested: _____

COST:

_____ Up to 5 hours of CEU \$475.00 (flat fee) \$ _____

_____ 6 to 10 hours of CEU \$625.00 (flat fee) \$ _____

_____ Each hour over 10 hours \$50 per hour \$ _____

ASHA Fee \$ 325.00

Advertising/Promotional Fee \$ 150.00

Certificate & Shipping/Handling Fee \$ 75.00

Rapid Turnaround Fee (if request is less than 60 days out) \$50.00 \$ _____

GRAND TOTAL \$ _____

PAYMENT:

Payment (by VISA, MasterCard, American Express, or check) must be received before application can be processed.

_____ Check enclosed **or** Process my: _____ VISA _____ MC _____ AMEX

Name on card: _____ Amount to charge: \$ _____

Credit Card Number: _____ Exp Date: _____ CVV#: _____

Billing Address: _____

Signature: _____ Date: _____

Send all materials and payment to:

FLASHA, 222 S Westmonte Dr Ste 101, Altamonte Springs FL 32714
Email or Fax (*if paying by credit card*): ivermeer@kmgnet.com; 407-774-6440

For more information, contact Sheryl Rosin at (561) 842-8996 or sherylrosin@me.com.