

BE BRAVE. BE YOURSELF. BE AMAZING

STUTTERING U. REGISTRATION FORM

NAME OF CHILD: _____

NAME OF PARENT/S ATTENDING: _____

NAME & AGES OF SIBLINGS ATTENDING: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

SPECIAL NEEDS/REQUESTS (Include any dietary restrictions):

SHIRT SIZES OF CHILDREN ATTENDING: _____

| | Early Registration On or Before June 20, 2014 | Late Registration After June 20, 2014 | Amount |
|--------------------------------|--|--|--------|
| Child and 1 Parent | \$175 | \$250 | \$ |
| Additional Siblings | \$50 | \$50 | \$ |
| Additional Parent | \$50 | \$50 | \$ |
| TOTAL PAYMENT | | | \$ |

Please mail and/or email this form to the address listed below. Payments must be mailed.

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Please mail the form with your check or money order made out to
“Marshall University NSSLHA” to:

Craig Coleman
Marshall University
Department of Communication Disorders
146 Smith Hall
Huntington, WV 25755

If you wish to email the form, please email to:
craig.coleman@marshall.edu

Included in registration fee: All camp materials, and programming costs, daily lunch, and closing party dinner.

Cancellation Policy: a refund less a \$25 processing fee will be issued if the program directors are notified prior to July 1, 2014. No refunds will be issued after that time.

Lodging: Hotel reservations can be made at the Holiday Inn, Huntington at the group rate of \$105 per night.

Hotel reservations can be made at:

<http://www.ihg.com/redirect?path=hd&brandCode=6c&localeCode=en®ionCode=1&hotelCode=HTSCA&PMID=99801505&GPC=CAM>