

MSHA Continuing Education Form for ASHA

Please fill out and return to MSHA as soon as possible.

MSHA ~ 790 W. Lake Lansing Rd., Suite 400 ~ East Lansing, Michigan 48823 ~ FAX: 517/ 332-5870

Email Address: **msha@att.net** Website: **www.michiganspeechhearing.org**

Name(s) and credentials of speaker (attach vita please): _____

Address: _____

City State & Zip

Work Phone: () _____ Employer: _____

Email Address: _____

Expertise or Skills (limit to one area): _____

Title of Presentation: _____

Abstract: *Please attach brief abstract of presentation.*

Session Type: / /Short Course (3 hours) / /Double Mini-Seminar (2 hours) / /Miniseminar (1 hour)
/ /Grand Rounds or Panel Discussion (1 hour) / /Poster Session (1 hour)

Instructional Level: / /Introductory / /Intermediate / /Advanced

Learning Outcomes: (e.g., participants will learn...)

Assessment of Learning Outcomes: (e.g., pre-test, post-test, etc.)

Target Audience: (e.g., SLPs, AUDs, SLPs in Schools, SLPs in clinical settings, etc.)

Activities: (e.g., lecture with discussion, etc.):

Materials: (slides, handouts, etc.)

Handouts: We will post your handouts online for our members to print themselves prior to the conference. Please email us your handout – as a *Word* attachment, *Power Point*, or PDF as soon as it is convenient for you, **but no later than: March 1, 2020.**

AV Equipment needed: This must be reserved in advance!

/ /LCD Projection for Power Point Presentation. **Note: Please bring your own laptop!**

Other: _____

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