

**STUDENT REGISTRATION FORM
RESEARCH POSTER SESSION
LISHA FALL CONFERENCE 2010**

Mail To: **LISHA Student Poster Session
PO Box 133
Mastic Beach, New York 11951**

Deadline for Submission: September 10, 2010

PLEASE PRINT

University Affiliation: _____

Title of Research: _____

Student Name(s): _____

Primary Student Contact Telephone: () _____ Email _____

Primary Contact Address: _____ City: _____ State _____ Zip: _____

Faculty Mentor(s): _____

Faculty Contact phone: () _____ Faculty e-mail _____

Check one: Undergraduate _____ Graduate _____

Check one: Speech Pathology _____ Audiology _____

Please check category appropriate for your poster:

- A. _____ **Diagnostic**
- B. _____ **Rehabilitative**
- C. _____ **Speech/Acoustic Science**
- D. _____ **Other**

Please attach your essay to this form. Thank you.