

***ANCDs***  
***ACADEMY OF NEUROLOGIC COMMUNICATION***  
***DISORDERS AND SCIENCES***

**2001 ANNUAL EDUCATIONAL & SCIENTIFIC MEETING**

**WEDNESDAY, NOVEMBER 14, 2001**

**New Orleans, LA**

**Hotel: TBA**

**8:00 – 8:30    REGISTRATION / CONTINENTAL BREAKFAST**

**8:30 – 9:30    ANNUAL BUSINESS MEETING**

**9:00 – 12:00    SCIENTIFIC SESSION: PRACTICE GUIDELINES**

Lee Ann Golper, Ph.D., BC-NCD, Kathryn Yorkston, Ph.D., BC-NCD;  
Pelagie Beeson, Ph.D., BC-NCD; Kathryn Bayles, Ph.D.; Julie  
Wambaugh, Ph.D. and Mary R.T. Kennedy, Ph.D., BC-NCD; Robert T.  
Wertz, Ph.D., BC-NCD; Travis Threats, Ph.D.; Mark Ylvisaker, Ph.D.;  
and Carol M. Frattali, Ph.D., BC-NCD.

**12:00-1:30    CATERED LUNCHEON**

HONORS PRESENTATION by Kevin Kearns, Ph.D., BC-NCD

**1:30-5:30    SHORT COURSE: COMPREHENSION AS STRUCTURE  
BUILDING**

Morton Ann Gernsbacher, Ph.D., Sir Frederic C. Bartlett Professor,  
University of Wisconsin-Madison

Please join us for a stimulating day of continuing education, with presentations from renowned speakers, audience participation, and, as always, the opportunity to visit with colleagues and make new friends prior to the ASHA Convention. We look forward to seeing you there.

REGISTRATION WILL CLOSE ON **OCTOBER 31, 2001.**

**0.6 ASHA CEU'S WILL BE OFFERED    REGISTRATION FORM ATTACHED**

# ANCDS

## ACADEMY OF NEUROLOGIC COMMUNICATION DISORDERS AND SCIENCES

### 2001 ANNUAL EDUCATIONAL & SCIENTIFIC MEETING REGISTRATION FORM

**Registration Deadline: October, 31, 2001**

Name: \_\_\_\_\_

Membership Status:	_____ Full	_____ Associate	_____ Nonmember
Board Certification:	_____ Yes	_____ No	
Student Status:	_____ Yes	_____ No	(Check "Yes" if you are currently enrolled as a graduate student. Indicate the program name, university and location here: _____)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

_____ I will attend the Honors Luncheon
_____ I will not attend the Honors Luncheon

**REGISTRATION FEES (include Educational Program Short Course and Scientific Session participation [.6 ASHA CEUs], Honors Luncheon & continental breakfast):**

ANCDS Members (Full and Associate)	_____	\$70.00
Students	_____	25.00
Nonmembers	_____	110.00
All Late Registrations (after Oct 31)	_____	110.00

Enclose check (US dollars only) payable to ANCDS with this form and mail to:

Academy of Neurologic Communication  
Disorders and Sciences  
PO Box 26532  
Minneapolis, MN 55426

PHONE: (952) 920-0484    FAX: (952) 920-6098    E-MAIL: [ancds.incnet.com](mailto:ancds.incnet.com)

\*Non-members please note: Applications for new 2002 memberships are eligible for the reduced ANCDS Members meeting registration rate of \$70. To be eligible, return the enclosed membership application form, along with a check for the appropriate fees, applying for either associate or full membership effective January 1, 2002.