2026
AG BELL GLOBAL
LISTENING AND
SPOKEN LANGUAGE
SYMPOSIUM
JUNE 4-6, 2026

REGISTRATION FORM

Name: _____
Dr./Mr./Mrs./Ms. First Name Last Name Nickname (for badge)

Company/Organization: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email (required to complete registration): _____

☐ **Select this box if you would like to opt out of receiving communications from Symposium sponsors.**

DEMOGRAPHIC INFORMATION

AG Bell gathers the following confidential information to assist with program planning, implementation, and evaluation and for statistical reporting purposes related to the NIDCD/NIH (National Institutes of Health) grant received to fund partial aspects of this Symposium.

GENDER

☐ Female ☐ Male ☐ Non-Binary ☐ Do not wish to provide ☐ Other _____

RACE AND/OR ETHNICITY (*Check all that apply*)

☐ White ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ Do not wish to provide
☐ Other _____

DO YOU HAVE ONE OR MORE OF THE FOLLOWING CONDITIONS OR DISABILITIES?

☐ No ☐ Yes (*Check all that apply*)
☐ Mobility orthopedic impairment ☐ Hearing ☐ Visual
☐ Do not wish to provide ☐ Other _____

The official language of the Global LSL Symposium is English. Sessions are presented in English and will be captioned in multiple languages. Information about additional accommodations can be found at the end of this form under "Accessibility".

I AM REGISTERING AS:

☐ A parent/family member ☐ A professional ☐ An adult who is deaf or hard of hearing ☐ A university student

WHAT IS YOUR PROFESSIONAL TYPE? (*Check all that apply*)

☐ Audiologist ☐ Certified LSLS ☐ Educator of the Deaf ☐ Physician ☐ School Administrator ☐ Speech-Language Pathologist ☐ General Education Teacher ☐ Early Interventionist ☐ General Special Education Teacher
☐ Mental Health Professional ☐ Professor/Researcher ☐ Other _____

WHERE ARE YOU IN YOUR CAREER?

☐ Early ☐ Mid ☐ Late

HOW MANY YEARS HAVE YOU WORKED IN THE FIELD? _____

See page 2 for CEUs, registration fees and payment information

REGISTRATION FORM continued

CEUs

Continuing Education Units (CEUs) will be offered for the AG Bell Academy, ASHA, and AAA. Certificates of Learning will also be provided as requested. Please visit **www.agbellsymposium.com** to review the number of CEUs offered and process for claiming CEUs and Certificates of Learning. Note: Only attendees who register as professionals are eligible to receive CEUs.

This section must be completed to receive CEUs. Check all that apply:

☐ **AG Bell (LSLS)** ☐ **AAA** ☐ **ASHA** ☐ **Certificate of Learning**

REGISTRATION FEES

Members*	Early Bird: $499	Regular: $549	Late: $599
Non-Members*	Early Bird: $599	Regular: $649	Late: $699
Family & Friends	Early Bird: $299	Regular: $349	Late: $399
Students**	Early Bird: $229	Regular: $249	Late: $249

EARLY BIRD: JANUARY 29 – MARCH 1, 2026

REGULAR REGISTRATION:
MARCH 2 TO MAY 12

LATE/ON-DEMAND REGISTRATION:
MAY 13 TO SEPTEMBER 30

All registration includes:

- In-person access to all events June 4-6, 2026, in Arlington, VA
- On-Demand access to most Symposium sessions, July-September 2026.
- Complimentary registration to AG Bell's Virtual Fall Forum on Genetics, October 15, 2026.
- Member and non-members are able to earn CEUs for both the live and on-demand versions.
- Non-members will receive a 1-year professional membership in AG Bell.

There is a 10% discount for organizations sending 5 or more professionals to the Symposium. Please contact* **2026symposium@agbell.org *to receive a promotion code.*

***Students may be asked to submit a copy of an official school document to* **2026symposium@agbell.org** *that proves their student status.*

Which event(s) will you be attending? You must select at least one of the following options:

☐ **In person event – June 4-6, 2026, in Arlington, VA**
☐ **On Demand (virtual) – July-September 2026**
☐ **2026 Fall Forum (virtual) – October 15, 2026**

PAYMENT METHOD (*Check one*)

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER
☐ Check or Money Order (*Made payable to Alexander Graham Bell Association*)

Card Number: _____

Expiration Date: _____ CSC Security Code: _____

Name of Cardholder: _____

Signature: _____

☐ Address is different from registrant

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT (U.S. Dollars only): _____

TOTAL AMOUNT ENCLOSED: _____

Mail or email completed form to:

2026 Listening and Spoken Language Symposium Registration
CL 500055
P.O. Box 5007
Merrifield, VA 22116-5007
Email: **2026symposium@agbell.org**

CANCELLATION POLICY

For cancellations received on or prior to May 1, 2026, registration fees will be reimbursed minus a 25% administrative fee. No refunds will be issued after May 1, 2026. Please send cancellation notification to: **2026symposium@agbell.org**.

ACCESSIBILITY

AG Bell will provide real-time captioning in English for all sessions during the in-person Symposium June 4-6, 2026. Live captioning in additional languages will be provided via your personal electronic device. Requests for any additional accommodations must be made in writing to **2026symposium@agbell.org** by May 4, 2026.