



## TSHA Career Awareness Brochure Request Form

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

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ # of brochures requesting: \_\_\_\_\_

Where are you planning on making this presentation? \_\_\_\_\_  
\_\_\_\_\_

How many are you expecting in attendance? \_\_\_\_\_

Age group of those attending: \_\_\_\_\_

Proposed date of presentation: \_\_\_\_\_

**Please email, fax, or mail the form in:**  
staff@txsha.org  
202-973-8716 (fax)  
Texas Speech-Language-Hearing Association  
2025 M Street, NW Suite 800 Washington, DC 20036