



Best Practices in Health, Dance, and Physical Education

90th Annual SCAHPERD Conference & Exposition Registration and Membership Form

November 10-12, 2017 ♥ Kingston Plantation ♥ Myrtle Beach ♥ South Carolina

Embassy Suites Reservation #: 1-800-876-0010~Reservation Code: **AHP** Hotel Room Rates Ends **October 16, 2017**

No refunds will be given after the pre-registration deadline of **October 31, 2017. **

Full Name: _____ **Date:** _____

Please print clearly & provide complete information. Your membership must be current at conference time to qualify for membership conference rates.

MEMBERSHIP APPLICATION FORM

It is important that you complete all information requested.

New Membership **Renewal of Membership**

1 year Professional \$35 2 year Professional \$60

Future Professional \$12 Anticipated Graduation Date _____

Retired \$15

I select membership in the following associations(s) of SCAHPERD.

Circle two numbers, indicating your first and second choices. You may select one association twice.

(Join the Association of your choice.)

- 1 2 S.C. Dance Association
- 1 2 S.C. Association for the Advancement of Health Education
- 1 2 S.C. Association for Physical Education and Sport

Students join Future Professionals and select areas of interest

Future Professionals of South Carolina

_____ Dance _____ Health _____ Physical Education

Your e-mail address will never be sold, or shared with another organization or business. SCAHPERD plans to send as much information as possible by e-mail:

Newsletter Preference : Electronic Mail

Work or School E-Mail Address:

Complete Home Address:

_____ Street address

City _____ State _____ Zip _____

Home :(_____) _____

Complete Work Address:

School/ Organization

_____ School District/Higher Ed.

_____ Street address

City _____ State _____ Zip _____

Work :(_____) _____

Conference Registration Fees

			Onsite	Amount
Professional			\$100	
Retired Professional			\$45	
Future Professional			\$45	
Non-Member			\$140	

Membership Dues if Applicable

Add a \$3.00 processing fee when using a credit card.

Total

Check or Purchase Order Number: _____

Checks Payable to SCAHPERD

There will be a \$25.00 returned check fee.

Credit Cards Accepted:

Visa MasterCard American Express Discover

Card Number: _____/_____/_____/_____

CVV Code: _____

Expiration Date: _____/_____

Billing Zip Code: _____

A \$3.00 credit card processing fee is added when using a credit card.

Signature: _____

I am physically challenged and will need assistance.

SCAHPERD is not responsible for accidents or injuries that may occur during conference sponsored sessions/events.

Mail Registration and Membership Form To:

SCAHPERD, 1301 Columbia College Drive, Columbia, South Carolina 29203

Voice 803-786-3384 ♥ Fax: 803-786-3386

Email: SCAHPERD@columbiasc.edu

Visit www.scahperd.org regularly to view updates in schedule

Referred to Join SCAHPERD by: _____