



PEAK (Physical Education, Activities and Knowledge) for the Future

SCAPES PEAK Workshop Registration and Membership Form
 Hillcrest High School ♥ 3665 S. Industrial Dr. Simpsonville SC 29681



Thursday October 19th, 2017

Pre-Registration Deadline is October 12, 2017

****No refunds will be given after the pre-registration deadline.****

Full Name: _____ **Date:** _____

Please complete the workshop information below. You do not have to be a member to attend this workshop

<p>Work or School e-mail address _____</p> <p>Complete Home Address: _____ Street address _____ City State Zip _____ Home :(_____) _____</p> <p>Complete Work Address: _____ School/ Organization _____ School District/Higher Ed. _____ Street address _____ City State Zip _____ Work :(_____) _____</p> <p><input type="checkbox"/> I am physically challenged and will need assistance. SCAHPERD is not responsible for accidents or injuries that may occur during conference sponsored sessions/events.</p> <p>We welcome your membership but you do not have to be a member to attend the workshop</p> <p>MEMBERSHIP APPLICATION FORM <i>It is important that you complete all information requested.</i></p> <p><input type="checkbox"/> New Membership <input type="checkbox"/> Renewal of Membership</p> <p><input type="checkbox"/> 1 year Professional \$35 <input type="checkbox"/> 2 year Professional \$60 <input type="checkbox"/> Future Professionals \$12 <input type="checkbox"/> Retired \$15</p> <p><i>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.</i></p> <p>(Join the Association of your choice.)</p> <p>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</p> <p>Students join Future Professionals and select areas of interest Future Professionals of South Carolina _____ Dance _____ Health _____ Physical Education</p> <p>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.</p> <p>If you are unsure of the status of your membership, please contact Shannon Koch at SCAHPERD at the email address or number located to the right.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Workshop Registration Fee</th> </tr> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Pre-Registration</th> <th style="width:10%; text-align: center;">Late/Onsite</th> </tr> </thead> <tbody> <tr> <td>SCAHPERD/SCAPES Members</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">\$25</td> </tr> <tr> <td>Non-Members</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Future Professionals (college students)</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>**Check the box to the right if you are considering taking the Kinesthetic Classroom off campus tour after lunch. (12-2pm) Transportation will be provided.**</td> <td></td> <td style="background-color: black;"></td> </tr> <tr> <td>Lunch will be provided on site</td> <td style="text-align: center;">Free</td> <td></td> </tr> <tr> <td>Membership Dues if applicable (optional) You do not have to be member to attend</td> <td></td> <td></td> </tr> <tr> <td>Add a \$2.00 processing fee when using a credit card.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Total (Form & Fees must be postmarked by deadline)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Purchase Order Number: _____</p> <p>Make Checks Payable to SCAHPERD Check Number: _____ Note: There will be a \$25.00 returned check fee.</p> <p>Credit Cards Accepted: Visa Master American Express</p> <p>Card Number: _____/_____/_____/_____ CVV Code: _____</p> <p>Expiration Date: _____/_____/_____ Billing Zip Code: _____</p> <p>**A \$3.00 credit card processing fee is added when using a credit card.**</p> <p>Signature: _____</p>	Workshop Registration Fee				Pre-Registration	Late/Onsite	SCAHPERD/SCAPES Members	\$15	\$25	Non-Members	\$25	\$35	Future Professionals (college students)	\$10	\$20	**Check the box to the right if you are considering taking the Kinesthetic Classroom off campus tour after lunch. (12-2pm) Transportation will be provided.**			Lunch will be provided on site	Free		Membership Dues if applicable (optional) You do not have to be member to attend			Add a \$2.00 processing fee when using a credit card.			Total (Form & Fees must be postmarked by deadline)		
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<p><u>Mail Registration Form and Check To:</u></p> <p>SCAHPERD 1301 Columbia College Drive Columbia ♥ South Carolina ♥ 29203 Voice 803-786-3384 ♥ Fax: 803-786-3386 Email: SCAHPERD@columbiasc.edu Website: www.scahperd.org</p> <p>Or</p> <p><u>*Register by phone with Credit Card Call (803)786-3384*</u></p>																															