



Best Practices in Health, Dance, and Physical Education

92nd Annual SCAHPERD Conference & Exposition Registration and Membership Form

November 15-17, 2019 ♦ Kingston Plantation ♦ Myrtle Beach, SC

Embassy Suites Reservation #: 1-800-876-0010 ♦ Reservation Code: **SHP** ♦ Hotel Room Rates Ends **October 15, 2019**

Early Bird Registration Deadline is September 30, 2019

Conference pre-registration deadline is **October 28, 2019** ♦ No refunds will be given after the pre-registration deadline.

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 \$50 2 year Professional \$90

3 year Professional \$125

Future Professional \$18 Anticipated Graduation Date _____

Retired \$20

I select membership in the following association(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

E-Mail Address: _____

Home Address: _____

Street address

City _____ State _____ Zip _____

County: _____ Home # : (_____) _____

Complete Work Address: _____

School/ Organization

School District/Higher Ed.

Street address

City _____ State _____ Zip _____

Job Title: _____ Work # : (_____) _____

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: _____

Membership Fees are non-refundable

Conference Registration Fees

	Early Bird	Pre-registration	Onsite Reg.	Amount
Professional	\$80	\$95	\$110	
Retired Professional	\$30	\$45	\$60	
Future Professional	\$25	\$35	\$50	
Non-Member	\$130	\$145	\$160	
Professional- (Saturday only)	\$50	\$55	\$60	
Pre Conference Workshops, Awards Celebration and Program Add Ons:				
SCDA Pre Conference Workshop: <i>Theatre Technique - Amplifying the Basics</i> w/Christina Slaton Fri 10:00 am-12:30 pm			\$15	
SCDA Workshop: <i>Theatre Repertory w/Christina Slaton</i> Friday 2:00 pm-4:00 pm			\$15	
SCAPES Pre Conference Workshop: <i>Text Treasures</i> w/Lynn Hefele (National TOY) Friday 9:00 am-11:00 am			\$10	
SCAPES Pre Conference Workshop: <i>OPEN Coaches Curriculum Training</i> w/Charla Krahnke (National TOY, OPEN Trainer) Friday 8:00 am-11:00 am (Spaces Limited)			\$15	
SCAAHE Pre-Conference Workshop: <i>ASK about Suicide to Save a Life</i> w/Alex Karydi Friday 10:00 am-12:30 pm			FREE	
Ambassadors and HPE Key Leaders Pre-Conference: <i>Ambassadors: You are in the Driver's Seat for SCAHPERD</i> Friday 8:30 am-11:30 am			FREE (Invitation Only)	
Awards Celebration Ticket Friday, 7:30 pm			\$10	
Pre Order Hard Copy of Conference Program (Not available for onsite purchase) Conference Program App available free of charge			\$10	
Membership Dues (if applicable)				
\$3.00 credit card processing fee (if applicable)				
TOTAL				
(Must be postmarked by pre-registration deadline)				

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: _____

Signature: _____

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

I am physically challenged and will need assistance.

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