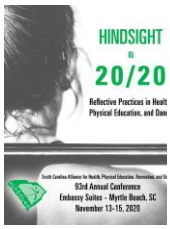


# Best Practices in Health, Dance, and Physical Education

93rd Annual SCAHPERD Conference & Exposition Registration & Membership Form

## November 13-15, 2020 ♦ SCAHPERD Virtual Conference

**Early Bird Registration Deadline is October 1, 2020**

**Conference pre-registration deadline is October 31, 2020** ♦ 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 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

**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 # :(_____) _____

***Membership Fees are non-refundable***

## Conference Registration Fees

| | Early Bird | Registration | Late Reg. | Amount |
|---|---|---|---|---|
| Professional & Retired Full Conference | $50 | $75 | $90 | |
| Future Professional | $20 | $35 | $50 | |
| Professional & Retired 1 Day (Saturday) | $30 | $45 | $60 | |
| Professional & Retired 1 Day (Sunday) | $30 | $45 | $60 | |
| Non-Member Full Conference | $130 | $145 | $160 | |
| Non-Member 1 Day (Sautrday) | $100 | $115 | $130 | |
| Non-Member 1 Day (Sunday) | $100 | $115 | $130 | |
| **Membership Dues (if applicable)** | | | | |
| **$3.00 credit card processing fee per item (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 per item.***

❑ 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:** _____