



**Best Practices in Health, Dance, and Physical Education  
95<sup>th</sup> Annual SCAHPERD Conference & Exposition  
Registration and Membership Form**



**November 11-13, 2022 ♦ Kingston Plantation ♦ Myrtle Beach, SC**  
Hotel Reservations # (800) 876-0010 (option 2)

Identify as SCAHPERD attendee ♦ Hotel Room Rates End **October 17, 2022**  
Embassy Suites Reservation Code: ALL ♦ Kingston Plantation Reservation Code: LLA

**Early Bird Registration Deadline is September 16, 2022**

Conference pre-registration deadline is **October 28, 2022** (No refunds after pre-registration deadline.)

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEMBERSHIP APPLICATION FORM**

*Please print clearly and 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

**Please select your association affiliation:**  
Circle two numbers indicating your first and second choice of affiliation.  
You may select one association twice.

- 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

**Undergraduate students join as a Future Professional. Graduate students should select professional membership.**

**E-Mail Address:** \_\_\_\_\_

\*Your e-mail address will never be sold, or shared with another organization or business.

Most correspondence from SCAHPERD will be sent electronically.  
Please indicate below how you would prefer to receive the bi-annual SCAHPERD newsletter.

**Newsletter Preference :**     Electronic       Mail

**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, PO Box 445, White Rock, South Carolina 29177  
Voice 803-575-2822  
Email: [scahperd@gmail.com](mailto:scahperd@gmail.com)

**Referred to Join SCAHPERD by:** \_\_\_\_\_

**Membership Fees are Non-Refundable**

**♦Membership must be current at time of conference ♦**

**Conference Registration Fees**

	<b>Early Bird</b>	<b>Pre-registration</b>	<b>Onsite Reg.</b>	<b>Total</b>
Professional Member*	<b>\$90</b>	<b>\$105</b>	<b>\$120</b>	
Professional/ Membership Bundle	<b>\$135</b>	<b>\$150</b>	<b>\$165</b>	
Retired Professional*	<b>\$40</b>	<b>\$55</b>	<b>\$70</b>	
Future Professional*	<b>\$30</b>	<b>\$45</b>	<b>\$60</b>	
Professional* (Saturday only)	<b>\$65</b>	<b>\$80</b>	<b>\$95</b>	
Non-Member	<b>\$165</b>	<b>\$180</b>	<b>\$195</b>	

**\*Please Note: Membership must be current at time of conference in order to qualify for member conference rates.**

**Pre Conference Workshops, Awards Celebration and Program Add-Ons:**

<b>SCAPES Pre Conference Workshop</b> <i>Pump up your PE Program</i> with Scott Williams (State and Southern District TOY) <b>Friday 8:00 am-10:00 am</b>	<b>\$10</b>	
<b>SCAAHE Pre-Conference Workshop</b> <i>Practicing Mindfulness through Yoga- Going Beyond the Physical Practice</i> with Jennifer Bossi <b>Friday 8:00 am-10:00 am</b>	<b>FREE</b>	
<b>Awards Dinner Ticket</b> Friday @ 7:00 pm	<b>\$30</b>	
<b>Pre-Order Hard Copy of Conference Program</b> (Limited available for onsite purchase @ \$15) Conference Program App available free of charge	<b>\$15</b>	
<b>Membership Dues (if applicable)</b>	<b>\$50</b>	
<b>\$6.00 credit card processing fee (if applicable)</b>	<b>\$6</b>	

**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 \$6.00 non-refundable credit card processing fee is added \*

I am physically challenged and will need assistance.

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