



## Best Practices in Health, Dance, and Physical Education 94<sup>th</sup> Annual SCAHPERD Conference & Exposition

### Registration and Membership Form

November 12-14, 2021 ♦ Kingston Plantation ♦ Myrtle Beach, SC  
Embassy Suites Reservation # (800) 876-0010 (option 2) ♦ Reservation Code: **AHP** ♦  
Hotel Room Rates End **October 18, 2021**



**Conference pre-registration deadline is October 29, 2021** (No refunds after pre-registration deadline)

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

**Please print clearly & provide complete information.**

### 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, PO Box 445, White Rock, South Carolina 29177

Phone: 803-575-2822

Email: [scahperd@gmail.com](mailto:scahperd@gmail.com)

Visit [www.scahperd.org](http://www.scahperd.org) regularly to view updates in schedule

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

**Membership Fees are non-refundable**

**\*Membership must be current at conference time to qualify for membership conference rates.**

### Conference Registration Fees

		Pre-registration	Onsite Reg.	Total
Professional Member*		<b>\$100</b>	<b>\$115</b>	
Professional/ Membership Bundle		<b>\$145</b>	<b>\$160</b>	
Retired Professional*		<b>\$50</b>	<b>\$65</b>	
Future Professional*		<b>\$40</b>	<b>\$55</b>	
Professional* (Saturday only)		<b>\$70</b>	<b>\$80</b>	
Non-Member		<b>\$175</b>	<b>\$190</b>	

### Pre Conference Workshops, Awards Celebration and Program Add Ons:

<b>SCDA Workshop: Dancemaking for Humans</b> w/ Cisco Graciano <b>Friday 10:00 am-12:30 pm</b>	<b>\$15</b>		
<b>SCDA Workshop: Choreography Workshop</b> w/ Cisco Graciano <b>Friday 2:00 pm-4:30 pm</b>	<b>\$15</b>		
<b>SCAPES Pre Conference Workshop: (All)</b> <i>Bridging the Gap in Physical Education</i> w/Mike Morris (Southern District TOY, OPEN Trainer) <b>Friday 8:00 am-10:00 am</b>	<b>\$10</b>		
<b>SCAPES Pre Conference Workshop (Elementary)</b> <i>PE to the Max</i> w/JD Hughes (State and Southern District TOY) <b>Friday 10:15am-12:15 PM</b>	<b>\$10</b>		
<b>SCAPES Pre Conference Workshop: (Secondary)</b> <i>PEPalooza</i> w/Dave Senecal (Southern District TOY) <b>Friday 10:15 am-12:15 pm</b>	<b>\$10</b>		
<b>Awards Dinner Ticket Friday @ 7:00 pm</b>	<b>\$25</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 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.**