Registration and Ticketed Event Form

Registration Deadlines:
- Early Bird: Through January 11, 2024
- Advanced: January 12 – February 25, 2024
- Regular Onsite: February 26 – March 15

Last Name: _______________________________  First Name: _______________________________

Institution: _______________________________  Full Name (as it should appear on badge): _______________________________

SHAPE America strives to create an inclusive environment for all attendees. Please select your pronouns to support knowing how to introduce and address one another. We will list names, affiliations, and pronouns on name badges.

Select your identifying pronouns:
- □ e/ey; em; eir; eirself
- □ he; him; his; himself
- □ per; pers; perself
- □ she; her; hers; herself
- □ sie; sir; hir; hirs; hirself
- □ they; them; their; theirs; themselves
- □ ve; ver; vis; vers; verself
- □ zie; zim; zir; zirs; zirself
- □ Please ask me about my pronouns.

Job Title (check only one):
- □ Administrator
- □ Athletic Director
- □ Athletic Trainer/Sports Medicine
- □ Coach
- □ Consultant
- □ Dance Educator
- □ Exercise/Fitness Instructor
- □ Health Ed Teacher
- □ Intramural Sports Dir
- □ PE Teacher (no Health)
- □ PE/Health Ed Teacher
- □ Principal
- □ Professor
- □ Program Director/Agency
- □ Researcher
- □ Retired
- □ Student
- □ Teacher (not PE or Health only)
- □ Teacher/Coach (not PE or Health only)

Address: __________________________________________ City: ________________________________

State: ____________ Zip:________________   Country: ______________   Phone: ______________________

E-mail (use personal e-mail to ensure receipt): __________________________ SHAPE America Member □ No

I will be presenting a session at the 2024 SHAPE America National Convention & Expo

- □ Yes  □ No

Class Information (Students Only): College/University: ____________________________

Professor’s Name: __________________________________________________________

Professor’s Email: __________________________________________________________

To help SHAPE America establish benchmarks aligned with our commitment to advancing equity, diversity, and inclusion, please take a moment to update your demographic information below. Sharing this information about yourself will assist us in better understanding our community and serving you better.

Gender
- □ Female  □ Male  □ Non-binary/third gender □ Prefer to self-describe (Please Specify) ____________________
- □ Prefer not to answer

Race/Ethnicity
- □ American Indian or Alaska Native
- □ Black or African American
- □ Latinx/Latino/Latina/Hispanic
- □ Middle Eastern or North African
- □ Native Hawaiian or Pacific Islander
- □ White or Caucasian
- □ Prefer to self-describe (please specify) ______________
### FULL CONVENTION REGISTRATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Bird (through 01/11/24)</th>
<th>Advanced (01/11/24-02/25/24)</th>
<th>Regular/On-Site (February 26 – March 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Member (includes one-year SHAPE America Basic membership) *</td>
<td>$650*</td>
<td>$730*</td>
<td>$780*</td>
</tr>
<tr>
<td>Student Non-Member (includes one-year SHAPE America Student membership) **</td>
<td>$240**</td>
<td>$265**</td>
<td>$275**</td>
</tr>
<tr>
<td>SHAPE America Basic or Institutional Professional Member*</td>
<td>$650*</td>
<td>$730*</td>
<td>$780*</td>
</tr>
<tr>
<td>SHAPE America Select &amp; Premier Professional, HMM Professional Member, Host State</td>
<td>$450</td>
<td>$510</td>
<td>$545</td>
</tr>
<tr>
<td>SHAPE America Life Member</td>
<td>$450</td>
<td>$510</td>
<td>$545</td>
</tr>
<tr>
<td>SHAPE America Collegial State Member</td>
<td>$450</td>
<td>$510</td>
<td>$545</td>
</tr>
<tr>
<td>SHAPE America Student or Collegial State Student Member</td>
<td>$180</td>
<td>$205</td>
<td>$220</td>
</tr>
<tr>
<td>SHAPE America Emeritus Member</td>
<td>$225</td>
<td>$255</td>
<td>$275</td>
</tr>
<tr>
<td>SHAPE America Retired Member†</td>
<td>$225</td>
<td>$255</td>
<td>$275</td>
</tr>
</tbody>
</table>

### SUBTOTAL

Can’t join us for the full convention? Pick the date that works best for you (select one day only):

<table>
<thead>
<tr>
<th>Category</th>
<th>Tuesday – Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate day of attendance:</td>
<td></td>
</tr>
<tr>
<td>Non-Member</td>
<td>$390</td>
</tr>
<tr>
<td>Student Non-Member</td>
<td>$215</td>
</tr>
<tr>
<td>SHAPE America Basic or Institutional Professional Member</td>
<td>$390</td>
</tr>
<tr>
<td>SHAPE America Select or Premier Professional, Life, HMM Professional Member</td>
<td>$275</td>
</tr>
<tr>
<td>SHAPE America Collegial State Member</td>
<td>$275</td>
</tr>
<tr>
<td>SHAPE America Retired or Emeritus, Member</td>
<td>$140</td>
</tr>
<tr>
<td>SHAPE America Student or Collegial Student Member</td>
<td>$155</td>
</tr>
</tbody>
</table>

*Includes a complimentary one-year Basic Professional membership in SHAPE America.

** Nonmember student rate is available to undergraduate students registered in a full-time academic program in health education, kinesiology, or related HPE fields. Proof of student status is required. Full registration includes a complimentary one-year Student membership in SHAPE America.

† The Retired rate is available to individuals with 20+ years of professional membership in SHAPE America who are retired from full-time teaching. Call member services at 800-213-7193 to confirm eligibility.

Please note that there is no on-site registration on Saturday, March 16.

The 2024 SHAPE America National Convention & Expo is a “paper-light” event. No program book or printed handouts will be distributed at the convention. All education sessions and programming materials, including session evaluations, will be available on the SHAPE America website and the convention mobile app.
### Registration and Ticketed Event Form

**Registration Deadlines:**
- **Early Bird:** Through January 11, 2024
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**Ticketed events** are special workshops, meal events or other activities offered during the week of the convention that may require a fee in addition to convention registration.

**Fee Symbols:** M – Member; NM – Non-Member

**Event Registration Deadline:** Tickets must be purchased on or before the posted deadline date. Tickets will not be sold at the door for any event.

<table>
<thead>
<tr>
<th>Event Code</th>
<th>Ticket Code</th>
<th>Title</th>
<th>Date</th>
<th>Time</th>
<th>Fee</th>
<th>Event Registration Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>CECH</td>
<td>CECH:</td>
<td>CECH: Continuing Education Contact Hours for CHES/MCHES</td>
<td>N/A</td>
<td>N/A</td>
<td>M: $30/ NM: $35</td>
<td>3/15/2024</td>
</tr>
<tr>
<td>SACH</td>
<td>SACH:</td>
<td>SACH: SHAPE America Contact Hours</td>
<td>N/A</td>
<td>N/A</td>
<td>M: $30/ NM: $35</td>
<td>3/15/2024</td>
</tr>
<tr>
<td>NSHE</td>
<td>Implementing the New National Health Education Standards Workshop</td>
<td>3/16/2024</td>
<td>8:00 a.m. - 12:00 p.m.</td>
<td>M: $75/ NM: $75</td>
<td>2/27/2024</td>
<td></td>
</tr>
<tr>
<td>NSPE</td>
<td>Implementing the New National Physical Education Standards Workshop</td>
<td>3/16/2024</td>
<td>8:00 a.m. - 12:00 p.m.</td>
<td>M: $75/ NM: $75</td>
<td>2/27/2024</td>
<td></td>
</tr>
<tr>
<td>CAEP</td>
<td>CAEP SPA Reviewer Training</td>
<td>3/16/2024</td>
<td>8:30 a.m. - 12:00 p.m.</td>
<td>M: $0/ NM: $0</td>
<td>2/27/2024</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL FEES**

(Transfer to Page 4)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Convention T-shirt $30</strong></td>
<td><strong>Convention T-shirt $30</strong></td>
</tr>
<tr>
<td>(Indicate quantity for each size)</td>
<td>(Indicate quantity for each size)</td>
</tr>
<tr>
<td>Small</td>
<td>M</td>
</tr>
<tr>
<td>Medium</td>
<td>M</td>
</tr>
<tr>
<td>Large</td>
<td>M</td>
</tr>
<tr>
<td>X-Large</td>
<td>M</td>
</tr>
<tr>
<td>XX-Large</td>
<td>M</td>
</tr>
<tr>
<td>XXX-Large</td>
<td>M</td>
</tr>
<tr>
<td><strong>Registration Subtotal (U.S. Funds Only)</strong></td>
<td><strong>Registration Subtotal (U.S. Funds Only)</strong></td>
</tr>
<tr>
<td>Registration Fee</td>
<td>M: N/A</td>
</tr>
<tr>
<td>Convention T-shirt(s) (quantity x $30)</td>
<td>M: N/A</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>M: N/A</td>
</tr>
</tbody>
</table>

**Special Accommodations**

Pursuant to the Americans with Disabilities Act, I require special accommodations at the event location and/or hotel. Please indicate the type of accommodations below:

- [ ] Auditory
- [ ] Mobility
- [ ] Visual

Please provide details regarding your specific needs/requested accommodations:

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Payment Information

Payment or a copy of a purchase order must be provided at the time of registration to secure the current registration rate. **Registrations must be postmarked by January 11, 2024, to obtain the early bird rate.** From January 12 – February 25, registrations will be processed at the advanced rate. After February 25, registrations will be received at the regular/on-site rate.

(Select Payment Method)

☐ Credit: □ VISA □ MC □ AMEX  

Registration Subtotal (from page 2) $__________

Fees Subtotal (from page 3) $__________

TOTAL PAYMENT (US Funds only) $__________

Credit Card #: ___________________________  Expiration Date: ___________________________

Cardholder Name: ___________________________  Authorized Signature: ___________________________

Billing Address: ____________________________________________________________________________

☐ Check payable to SHAPE America (accepted by mail sent to the Annapolis Junction, MD address below or on-site only.)

A check must accompany the completed registration form. If your employer is sending the check, your name must be included on the check.

☐ Purchase Order (accepted by mail and email by March 1). All invoices will be e-mailed directly to your Accounts Payable Department instead of being mailed.

☐ List the e-mail address and name of the individual who should receive the invoice.

E-mail address Accounts Payable: ____________________________________________________________

Name of Individual to receive invoice ________________________________________________________

A purchase order (not just the purchase order number) must accompany the completed registration form.

Mail or email copies must be submitted to the address or email address below by March 1, 2024. After March 1, submit at on-site registration counters.

**ATTN:** SHAPE America PO Box 225, Annapolis Junction, MD 20701 or email: 
askmembership@shapeamerica.org or businessoffice@shapeamerica.org

**Cancellation Policy:** Cancellations must be submitted in writing to shapeamerica@maritz.com and received by March 1, 2024. Convention registration cancellations received on or before January 12, 2024, will be assessed a $25 processing fee. Convention registration cancellations received between January 13 – February 13, 2024, will be assessed a $75 processing fee. Convention registration cancellations received between February 14 – February 29, 2024, will be assessed a 50% processing fee. Refunds will not be granted for convention registration or ticketed event cancellations after March 1, 2024; however, substitutions will continue to be permitted. Registration cancellation does not automatically cancel the attendee’s hotel reservation. Cancellation of a registration does not automatically cancel the attendee’s hotel reservation. Hotel reservations must be canceled separately. Visit www.shapeamerica.org/convention for additional information regarding the substitution policy.
EVENT POLICIES AND WAIVERS
SHAPE America is committed to presenting a fun, friendly, and informative convention for all participants. This includes creating an atmosphere that is harassment-free. All convention participants are required to adhere to our event code of conduct for the duration of our National Convention at all convention venues and all convention-related social events.

The registration process cannot be completed until the registrant accepts this cancellation policy/waiver.

- Cancellations must be submitted in writing to shapeamerica@maritz.com and received by March 1, 2024.
- Convention registration cancellations received on or before January 12, 2024, will be assessed a $25 processing fee.
- Convention registration cancellations received between January 13 – February 13, 2024, will be assessed a $75 processing fee.
- Convention registration cancellations received between February 14 - February 29, 2024, will be assessed a 50% processing fee.
- Refunds will not be granted for convention registration or ticketed event cancellations after March 1, 2024; however, substitutions will continue to be permitted.
- Cancellation of a registration does not automatically cancel the attendee’s hotel reservation. Hotel reservations must be cancelled separately.

Substitution Policy

- On or before March 1, 2024: A written substitution request must be emailed to shapeamerica@maritz.com along with a copy of your confirmation and a completed registration form for your substitute.
- After March 1: Your substitute can bring your original confirmation on-site to the registration counter along with a completed registration form and the switch will be made at that time.

Note: If you paid the member rate, but your substitute is a non-member, the substitute will need to pay the difference in cost; however, if the substitute rate is lower than what you originally paid, you will not receive a difference in the price.

Attendee Duty of Care

SHAPE America recognizes the safety of attendees of the 2024 SHAPE America National Convention as a top priority. SHAPE America is committed to following the Centers for Disease Control ("CDC"), Cleveland, Ohio federal and local government agencies, and the venues’ Covid-19 health and safety guidelines for hosting in-person events. By attending the 2024 SHAPE America National Convention, each attendee agrees to comply with all COVID-19 health and safety guidelines adopted by SHAPE America as well as those guidelines that have been recommended by the CDC, Cleveland, Ohio, federal and local government agencies, and the venues. SHAPE America may contact you again with further guidance and requirements pertaining to COVID-19 safety. Also, each attendee agrees to release and discharge SHAPE America and its affiliates, directors, officers, employees, and/or agents from any and all liabilities, damages, causes of action, claims, losses, expenses, and judgments as a result of its noncompliance with such guidelines as well as any transmission of COVID-19 in connection with the 2024 SHAPE America National Convention.
Waiver

I agree and acknowledge that I am undertaking participation in the 2024 SHAPE America National Convention & Expo events and activities (Events) by my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these Events.

In consideration of being permitted to participate in these Events, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby waive all rights of subrogation and fully release, waive, discharge, indemnify, and hold harmless the Society of Health and Physical Educators (SHAPE America its subsidiaries and affiliated organizations, its officers, directors, agents, employees and representatives, successors and assigns (be they individuals or organizations, singly and collectively), together with their insurers (“Releasees”), from any and all claims, liabilities, damages, demands, suits or causes of action, which are in any way connected with my participation in the Events, including for any injury, damage, death, or other loss. THIS RELEASE OF LIABILITY IS EFFECTIVE AND VALID REGARDLESS OF WHETHER THE INJURY, DEATH, DAMAGE OR OTHER LOSS IS A RESULT OF ANY NEGLIGENT ACT OR OMISSION ON THE PART OF RELEASEES.

I also agree not to allow any other individual to participate in my place unless authorized by SHAPE America through the substitution registration process identified above. SHAPE America may take photographs/screenshots/video during the Events and reproduce them in SHAPE America educational, news, or promotional material whether in print, electronic, or other media, including the website. I authorize SHAPE America, or anyone authorized as a representative of SHAPE America, to take photographs, screenshots, and/or footage of me while I am at the Events, use my name, and/or photographs/footage of me, which I have provided or are taken of me during the event period, to promote or advertise any SHAPE America fundraising program and/or event. I agree not to use any audio or video recording technology (including devices with digital camera functionality such as smartphones or tablets, and recording software, such as screen capture or similar software) during a presentation and not to record any presentation at the Events unless expressly permitted. I understand that the following information of US attendees will also be entered into a directory available on the convention app and online in the Exchange community: name, company, city, and state.

IMPORTANT: Registrants less than 18 years of age must complete a hard copy registration form and have the Cancellation Policy/Waiver signed by a parent or guardian. Submit your completed forms and payment according to the instructions on the last page of the registration form. I confirm that I am not less than 18 years of age and agree to the above policy/waiver.

PARTICIPANT

Date: ____________________________
Signature: ________________________
Name: ____________________________
Address: _________________________

PARENT OR GUARDIAN

Date: ____________________________
Signature: ________________________
Name: ____________________________
Address: _________________________

First Name: ________________________ Last Name: ________________________

Survey

(*This symbol indicates a required field)

*Which best describes your area of employment?
□ Agency □ College/University □ Community Setting □ Dance Studio
□ K-12 Institution □ Business Industry □ Retired □ Other________________________

*Which grade level are you preparing to work, currently working, or have previously worked (if retired)?
1. Pre-School □ Elementary □ Middle □ High □ University □ Other

*How did you first hear about the SHAPE America National Convention & Expo (check one)?
2. E-mail □ Website □ Direct Mail □ Social Media □ Word of Mouth □ Other: __________________________

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Registration Deadlines:
Early Bird: Through January 11, 2024
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* What is the primary source of funding for your convention registration?
  □ Personal Funds  □ School or District Funds  □ Grants/Scholarships  □ Volunteered  □ Other: ______________

* What is the primary source of funding for your convention hotel/travel?
  □ Personal Funds  □ School or District Funds  □ Grants/Scholarships  □ Volunteered  □ Other: ______________

* Is this your first SHAPE America National Convention & Expo?  □ Yes  □ No

* Have you ever coordinated a school fundraising event?
  □ Yes  □ No

* Do you make or influence the purchasing decisions regarding SHAPE America-related products & services?
  □ Yes  □ No

If not, do you recommend and/or influence which products and services will be purchased?  □ Yes  □ No

What month does your annual budget development begin? __________

What month does your fiscal year begin? ________________

What is your timeframe for making a purchasing decision following the convention?
  □ 0-3 months  □ 4-6 months  □ 7-12 months  □ over 1 year

What is your budget for purchasing health and physical education-related products and services?
  □ $0 - $999  □ $1,000 - $2,499  □ $2,500 – 4,999  □ $5,000+