

(cohosted by SHAPE America's Western and Central Districts)

Please type or print clearly (all fields are required)

Last Name: _____ First Name: _____ Institution: _____

First Name (as should appear on badge): _____

Job Title (check only one):

- Administrator Athletic Director Athletic Trainer/Sports Medicine Coach Consultant Dance Educator
- Exercise/Fitness Instructor Health Ed Teacher PE Teacher PE/Health Ed Teacher Principal Professor
- Program Director/Agency Researcher Retired Student Teacher Teacher/Coach Other

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone #: _____ Cell #: _____

E-mail address (use personal e-mail to ensure receipt): _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

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

Professor's Name: _____ Professor's Email (if registering w/ a student membership): _____

Special Needs and Dietary restrictions: please email ASAP any special attendance needs, as specified by the Americans with Disabilities Act, to education@shapeamerica.org.

Registration Fees and Deadlines

Check only one registration type below. If registering on-site in Sioux Falls, please bring proof of membership. Please note: registration for the conference includes lunch on Wednesday and Thursday. Please see information above if there are any dietary restrictions that should be noted.

*SHAPE SD and SHAPE America membership must be current prior to July 31, 2019

	Early Bird (until 6/5/19)	Regular/On-Site (after 6/5/19)
Member		
<input type="checkbox"/> SHAPE America Member	\$195	\$245
<input type="checkbox"/> SHAPE America Student	\$ 75	\$105
<input type="checkbox"/> SHAPE South Dakota Member*	\$230	\$280
<input type="checkbox"/> SHAPE South Dakota Student Member*	\$ 90	\$120
Non-Member		
<input type="checkbox"/> Full Conference Professional*	\$275	\$325
<input type="checkbox"/> Full Conference Student**	\$135	\$165

*includes a one-year SHAPE America Basic Online Membership

**includes a one-year SHAPE America Student membership

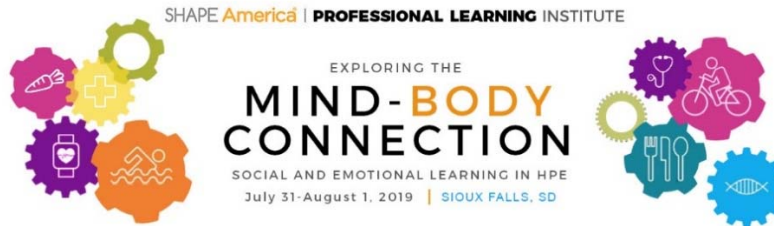
Continuing Education Contact Hours for CECH/CEU:

Price: \$30 (members) or \$35 (nonmembers)

SHAPE America is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 11 Category I continuing education contact hours. Conference registration is required.

SHAPE America Contact Hours (SACH):

Price: \$30 (members) or \$35 (nonmembers)



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Workshops

Title: Pure Power: Integrating SEL Competencies Through Mindfulness & Mindful Movement

Description: This interactive workshop will focus on the neuroscience of mindfulness and movement to create habits of *responsiveness* versus *reactiveness*. Participants will understand the interaction of mind and body through interactive breathing and movement sequences that is evidence-based and have access to free curriculum resources. Neuroscience of stress, building belonging, and educator care are the three key elements of this workshop.

Price: (for members and non-members): \$45

Date and Time: Thursday, August 1, 2019 from 1-5 p.m.

Title: A Primer for Teaching a Skills-Based Approach in Health Education

Description: The workshop provides the fundamentals of a skills-based approach to health education in which the focus is on developing student proficiency in the skills of the National Health Education Standards. There will be discussion on strategies for facilitating skill development through relevant and functional information. By the end of the workshop, participants will have the tools needed to transition to a skills-based approach to health education in their course, school and/or district.

Price (for members and non-members): \$45 (no textbook included)

Date and Time: Thursday, August 1, 2019 from 1:00pm – 5:00pm

*****On-site registration for these workshops will be available, but conference registration is required!**

(please be sure to add these additional amounts above, if applicable, to your total registration)

Method of Payment

- U.S. Check # _____ (Payable to SHAPE America)

Please mail checks to:
SHAPE America
PO Box 17040
Baltimore, MD 21298-8910

- Purchase Order # _____
(please email purchase order and registration form to businessoffice@shapeamerica.org).

Name of Purchase Order Administrator _____ E-mail _____
Accounts Payable E-mail address to which the invoice is to be sent _____

- Credit Card
 - American Express
 - MasterCard
 - Visa

Credit Card Number: _____ Exp Date (MM/YY): _____

Name as it appears on Credit Card: _____

Total: \$ _____

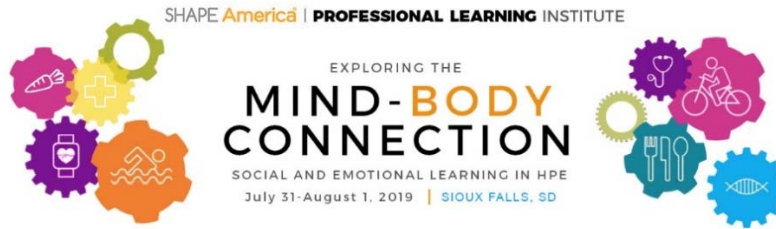
Please note: do NOT email any forms which have credit card information on them.

Event Code of Conduct/CANCELLATION POLICY/WAIVER

SHAPE America is committed to presenting a professional development experience that is fun, friendly, and informative 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 all SHAPE America professional development and social events.

The registration process cannot be completed until this cancellation policy/waiver is accepted by the registrant.

- Cancellations must be submitted in writing to pgrimard@shapeamerica.org and received by **June 28, 2019**.



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- Registration cancellations received on or before **June 28, 2019** will be refunded minus a \$50 processing fee.
- Refunds will not be granted for registration cancellations after **June 28, 2019**; 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 July 19, 2019:* A written substitution request must be emailed to pgrimard@shapeamerica.org along with a copy of your confirmation and a completed registration form for your substitute.
- *After July 19, 2019* no substitutions will be accepted.

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.

Waiver

I agree and acknowledge that I am undertaking participation in this SHAPE America Professional Learning Institute (Institute) 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 this Institute.

In consideration of being permitted to participate in this Institute, 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) and its subsidiary 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 Institute, 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 plans to take photographs at the Institute 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 or footage of me while I am at the Institute, 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. **Registrants under age 18 are not permitted to attend.**

PARTICIPANT

Date: _____
 Signature: _____
 Name: _____
 Address: _____

OFFICE USE ONLY: SEL2019

Deposit Date: _____ Amount: _____ Check Date: _____ Check #: _____