

Registration Deadlines:

Early Bird: Through February 25, 2022

Advanced: February 26 -- April 12, 2022

Regular/On Site: April 13 or later

2022 SHAPE America National Convention & Expo**April 26-30, 2022****Registration and Ticketed Event Form**

Last Name: _____

First Name: _____

Institution: _____

First Name (as should appear on badge): _____

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

Select your identifying pronouns:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> e/ey; em; eir; eirs; eirself | <input type="checkbox"/> he; him; his; himself | <input type="checkbox"/> [name]; [names]'; [name]'s self | <input type="checkbox"/> per; pers; perself |
| <input type="checkbox"/> she; her hers; herself | <input type="checkbox"/> sie; sir; hir hirs; hirself | <input type="checkbox"/> they; them; their; theirs; themselves | <input type="checkbox"/> ve; ver; vis; vers; verself |
| <input type="checkbox"/> zie; zim; zir; zirs; zirself | <input type="checkbox"/> Please ask me about my pronouns. | <input type="checkbox"/> Other pronoun _____ | <input type="checkbox"/> I'd prefer not to answer/list my pronouns on my badge. |

Job Title (check only one):

- | | | | | |
|---|--|---|-------------------------------------|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Athletic Trainer/Sports Medicine | <input type="checkbox"/> Coach | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Dance Educator | <input type="checkbox"/> Exercise/Fitness Instructor | <input type="checkbox"/> Health Ed Teacher | <input type="checkbox"/> PE Teacher | <input type="checkbox"/> PE/Health Ed Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Professor | <input type="checkbox"/> Program Director/Agency | <input type="checkbox"/> Researcher | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Teacher | <input type="checkbox"/> Teacher/Coach | <input type="checkbox"/> Other | |

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Phone: _____ Cell #: _____

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

SHAPE America Member No Yes Emergency Contact: _____ Emergency Contact Phone #: _____

Class Information (Students Only): College/University: _____ Professor's Name: _____

Professor's Email: _____

I will be presenting a session at the 2022 SHAPE America National Convention & Expo Yes No

FULL CONVENTION REGISTRATION (Anyone not holding a SHAPE America membership is considered a non-member.)	Early Bird (through 2/25/22)	Advanced (2/26/22-04/12/22)	On-Site (April 13 or later)
Non-Member (includes one-year SHAPE America Select Professional membership)	\$555*	\$625*	\$670*
Student Non-Member (includes one-year SHAPE America Student membership)	\$220**	\$245**	\$265**
SHAPE America Basic Professional Member	\$465	\$530	\$575
SHAPE America Select & Premier Professional, Institutional, HMM Professional Member	\$400	\$470	\$515
SHAPE America Life Member	\$400	\$470	\$515
SHAPE America Collegial State Member	\$400	\$470	\$515
SHAPE America Student or Collegial State Student Member	\$155	\$180	\$200
SHAPE America Emeritus Member	\$165	\$195	\$220
SHAPE America Retired Member	\$165	\$195	\$220

*Full convention non-member professional registration includes a one-year Select Professional membership in SHAPE America.

** Convention non-member student registration includes a one-year Student membership to SHAPE America.

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

ONE DAY REGISTRATION		Tuesday – Friday
Indicate day of attendance:		_____
Non-Member	\$350	
Student Non-Member	\$195	
SHAPE America Basic Professional Member	\$325	
SHAPE America Select or Premier Professional, Institutional, HMM Professional Member	\$260	
SHAPE America Collegial State Member	\$260	
SHAPE America Life, Retired or Emeritus, Member	\$130	
SHAPE America Student or Collegial Student Member	\$130	

Convention T-shirt 	Convention T-shirt \$25 <i>(Indicate quantity for each size)</i>	Registration Subtotal <i>(U.S. Funds Only)</i>	
	Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large _____	Registration Fee	\$ _____
		Convention T-shirt(s) (quantity x \$25)	\$ _____
		Subtotal (Transfer Subtotal to page 5)	\$ _____

The 2022 SHAPE America National Convention & Expo is a "paper-light" event. No program book or printed handouts will be distributed at the convention. All materials for education sessions and programming, including session evaluations, will be available on the SHAPE America website and through the convention mobile app.

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Ticketed events are special workshops, meal events or other activities offered during the week of 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.**

Event Code	Ticket Quantity	Title	Date	Time	Fee	Event Registration Deadline
SACH		SHAPE America Contact Hours	n/a	n/a	M-\$30/NM-\$35	n/a
CECH		CECH: Continuing Education Contact Hours for CHES/MCHES	n/a	n/a	M-\$30/NM-\$35	n/a
				SUBTOTAL FEES (Transfer to Page 3)	\$ _____	

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 February 25, 2022, to obtain the early bird rate.** From February 26 – April 12, registrations will be processed at the advanced rate. After April 12, registrations will be received at the regular/onsite 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 **Baltimore, MD** address below or on-site only.)

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

Purchase Order (accepted by mail, fax by April 12). All invoices will be e-mailed directly to your Accounts Payable Department instead of being mailed.

List the e-mail address and name of 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 fax copies must be submitted to the address or fax number below by April 12, 2022. After April 12, submit on-site at staffed registration counters.

ATTN: SHAPE America SHAPE America PO Box 17040, Baltimore MD 21298-8910; Fax: 703-4764-9527

Direct questions to: shapeamerica@maritz.com | Phone: 864-342-6260

- **Cancellation Policy:** Cancellations must be submitted in writing to shapeamerica@maritz.com and received by April 15, 2022. Convention registration cancellations received on or before February 25, 2022, will be assessed a \$25 processing fee. Convention registration cancellations received between February 26 – April 12, 2022, will be assessed a \$75 processing fee. Convention registration cancellations received between April 1- April 15 will be assessed a 50% processing fee. Refunds will not be granted for convention registration or ticketed event cancellations after April 15, 2022; 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 cancelled separately. Visit www.shapeamerica.org/convention for additional information regarding the substitution policy.

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Registration and Ticketed Event Form**EVENT CODE OF CONDUCT/CANCELLATION POLICY/ATTENDEE DUTY OF CARE/WAIVER**

SHAPE America is committed to presenting a convention 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 the duration of our National Convention at all convention venues and all convention-related 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 shapeamerica@maritz.com and received by **April 15, 2022**.
- Convention registration cancellations received on or before February 25, 2022, will be assessed a \$25 processing fee. Convention registration cancellations received between February 26 – April 12, 2022, will be assessed a \$75 processing fee. Convention registration cancellations received between April 1- April 15 will be assessed a 50% processing fee.
- Refunds will not be granted for convention registration or ticketed event cancellations after April 15, 2022; 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 April 8, 2022* 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 April 8:* 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 2022 SHAPE America National Convention as a top priority. SHAPE America is committed to following Centers for Disease Control ("CDC"), Louisiana, New Orleans, federal and local government agencies, and the venues' Covid-19 health and safety guidelines for hosting in-person events. By attending 2022 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, Louisiana, New Orleans, 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 2022 SHAPE America National Convention.

Waiver

I agree and acknowledge that I am undertaking participation in the 2022 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.

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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) 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 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/or 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 mySHAPEAmerica community: name, company, city, 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

PARENT OR GUARDIAN

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

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

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Last Name: _____ First Name: _____

Demographic Information

**This symbol indicates a required field*

*In which discipline are you preparing to work, currently working, or have previously worked (if retired)?

- Dance Health Physical Activity Physical Education
 Sport & Coaching Research Other _____

*Which grade level are you preparing to work, currently working, or have previously worked (if retired)?

- Pre-School Elementary Middle High University Other

*How did you hear about the SHAPE America National Convention & Expo (check all that apply)?

- E-mail Website Direct Mail Social Media Other: _____

What social media platform do you use the most frequently?

- Facebook Twitter Instagram YouTube LinkedIn Other (please specify): _____

*Did you receive financial assistance to attend the conference? (Assistance with registration, travel, or hotel)

- Yes No

*If yes, did that assistance enable you to attend the conference?

(Please check which applies) Yes No

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

*Would you be interested in mentoring first-time attendees?

- 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 no, do you recommend and/or influence which products & 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 Other _____

What is your budget for purchasing health and physical education-related products & services?

- \$0 - \$1K \$1K - \$2,500K \$2,500 - 5,000 \$5K+ No Budget