

Registration Deadlines:

Early Bird: Through February 27, 2020

Advanced: February 28 -- April 20, 2020

Regular/On Site: April 21 --25, 2020

2020 SHAPE America National Convention & Expo

April 21-25, 2020

Registration and Ticketed Event Form



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

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 2020 SHAPE America National Convention & Expo Yes No

Full Convention Registration:

	Early Bird (through 2/27/20)	Advanced (after 2/27/20)	Regular/On Site (after 4/20/20)
01 <input type="checkbox"/> Non-Member*	\$530*	\$595*	\$640*
02 <input type="checkbox"/> Non-Member Student**	\$210**	\$235**	\$255**
30 <input type="checkbox"/> SHAPE America Basic Professional Member	\$450	\$515	\$560
03 <input type="checkbox"/> SHAPE America Select or Premier Professional	\$390	\$455	\$500
04 <input type="checkbox"/> SHAPE America Life Member	\$390	\$455	\$500
25 <input type="checkbox"/> SHAPE America Collegial Professional	\$390	\$455	\$500
06 <input type="checkbox"/> Student Member (SHAPE America and Collegial)	\$150	\$175	\$195
07 <input type="checkbox"/> Emeritus Member (SHAPE America)	\$160	\$190	\$215
08 <input type="checkbox"/> Retired Member (SHAPE America)	\$160	\$190	\$215

Anyone not holding a current SHAPE America membership is considered a non-member.

*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 in SHAPE America.

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

Tuesday — Friday Saturday***

One Day Convention Registration: Indicate day of attendance: _____

09 <input type="checkbox"/> Non-Member	\$335	\$205
10 <input type="checkbox"/> Non-Member Student**	\$185	\$125
31 <input type="checkbox"/> SHAPE America Basic Professional Member	\$315	\$185
11 <input type="checkbox"/> SHAPE America Select or Premier Professional Member	\$255	\$125
27 <input type="checkbox"/> SHAPE America Collegial State Professional Member	\$255	\$125
13 <input type="checkbox"/> SHAPE America Life Member	\$255	\$125
28 <input type="checkbox"/> Student Member (SHAPE America and Collegial)	\$125	\$65
15 <input type="checkbox"/> Emeritus Member (SHAPE America)	\$130	\$70
16 <input type="checkbox"/> Retired Member (SHAPE America)	\$130	\$70

Registration Subtotal (Page 1)
(U.S. Funds Only)

\$ _____ Registration Fee
\$ _____ Convention T-shirt(s)

Subtotal: \$ _____
(Include this amount on Page 3)

***Saturday Only registrations must be completed by 1 p.m. on Friday, April 24. After that date/time, registrations cannot be processed.

Expo Hall Access Only (available on-site only):

DP1 One Day \$65
DP3 Three Days \$150

Convention T-shirt (long sleeve):

Indicate size and quantity for each size below

S () M () L () XL () XXL () XXXL () (_____ x \$35 each* = \$ _____)

*10% of all profits made from the sale of our convention t-shirt will go to our "Send a Teacher" grant for the 2020 National Convention.

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EVENT CODE OF CONDUCT/CANCELLATION POLICY/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@experient-inc.com and received by **March 18, 2020**.
- Convention registration cancellations received on or before **March 18, 2020** will be refunded minus a \$50 processing fee.
- Refunds will not be granted for convention registration or ticketed event cancellations after **March 18, 2020**; 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 3, 2020:* A written substitution request must be emailed to shapeamerica@experient-inc.com along with a copy of your confirmation and a completed registration form for your substitute.
- *After April 3, 2020:* 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.

Waiver

I agree and acknowledge that I am undertaking participation in the 2020 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) 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 plans to take photographs at the Convention & Expo 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 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. **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: _____

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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
PP		Pure Power: Building Resilience in a Demanding World	Tuesday, 4/21	8:00 a.m. – 2:00 p.m.	M/NM - \$49	Friday, 4/3
PSBHE		A Primer for Teaching a Skills-Based Approach in Health Education	Tuesday, 4/21	1:00 p.m. – 5:00 p.m.	M/NM - \$79	Friday, 4/3
IPE		Implementing Physical Education for Lifelong Fitness and Health	Tuesday, 4/21	1:00 p.m. – 5:00 p.m.	M/NM - \$79	Friday, 4/3
HOF		Hall of Fame Celebration & Giveback Event*	Friday, 4/24	5:30 p.m. -7:30 p.m.	M/NM - \$50	Friday, 4/17
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

***Dietary Needs for Hall of Fame Event**

If you selected the Hall of Fame event, please indicate any special dietary needs you may have.

 Gluten-Free Peanut Allergy Shellfish Allergy Vegetarian Kosher Vegan Other _____ None**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:

The 2020 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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Demographic Information:

<p><i>*This symbol indicates a required field</i></p> <p>*In which discipline are you preparing to work, currently working, or have previously worked (if retired)? <input type="checkbox"/> Dance <input type="checkbox"/> Health <input type="checkbox"/> Physical Activity <input type="checkbox"/> Physical Education <input type="checkbox"/> Sport & Coaching <input type="checkbox"/> Research <input type="checkbox"/> Other</p> <p>*Which grade level are you preparing to work, currently working, or have previously worked (if retired)? <input type="checkbox"/> Pre-School <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> University <input type="checkbox"/> Other</p> <p>*What age group do you belong to? <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 60+ <input type="checkbox"/> Prefer not to answer</p> <p>*How did you hear about the SHAPE America National Convention (check all that apply)? <input type="checkbox"/> E-mail <input type="checkbox"/> Website <input type="checkbox"/> Direct Mail <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____</p> <p>What social media platform do you use the most frequently? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> YouTube <input type="checkbox"/> LinkedIn <input type="checkbox"/> Other (please specify): _____</p> <p>*Did you receive financial assistance to attend the conference? (Assistance with registration, travel or hotel) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;"><input type="checkbox"/> If yes, did that assistance enable you to attend the conference? (Please check which applies) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Is this your first SHAPE America National Convention? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Would you be interested in mentoring first-time attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Have you ever coordinated a school fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Do you make or influence the purchasing decisions regarding SHAPE America-related products & services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, do you recommend and/or influence which products & services will be purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What month does your annual budget development begin? _____</p> <p>What month does your fiscal year begin? _____</p> <p>What is your timeframe for making a purchasing decision following the convention? <input type="checkbox"/> 0-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> over 1 year <input type="checkbox"/> Other _____</p> <p>What is your budget for purchasing health and physical education-related products & services? <input type="checkbox"/> \$0 - \$5K <input type="checkbox"/> \$5K - \$10K <input type="checkbox"/> \$10K+ <input type="checkbox"/> No Budget</p>
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Payment Information (Select Method of Payment): 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 27, 2020 to obtain the early bird rate.** From February 28 – April 20, registrations will be processed at the advanced rate. After April 20, registrations will be received at the regular/onsite rate.

Credit: VISA MC AMEX

Credit Card #: _____

Exp. Date _____

Cardholder Name: _____

Authorized Signature: _____

Subtotal (Page 1): \$ _____

Subtotal (Pages 3): \$ _____

TOTAL PAYMENT: \$ (U.S. Funds Only)

Billing Address: _____

Check payable to SHAPE America (accepted by mail sent to the Frederick, 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 10). 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 10, 2020. After April 10, submit on-site at staffed registration counters.

ATTN: SHAPE America 5202 Presidents Court, G100 Frederick, MD 21703; Fax: 301-694-5124
Direct questions to: shapeamerica@experient-inc.com | Phone: 800-424-5249 (international registrants, please call 847-996-5829)

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