

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> e/ey; em; eir; eirs; eirself | <input type="checkbox"/> he; him; his; himself | <input type="checkbox"/> per; pers; perself |
| <input type="checkbox"/> she; her hers; herself | <input type="checkbox"/> sie; sir; hir hirs; herself | <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. |

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"/> Intramural Sports Dir | <input type="checkbox"/> PE Teacher (no Health) | <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 (not PE or Health only) | <input type="checkbox"/> 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

Yes,

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

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Latinx/Latino/Latina/Hispanic |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Prefer to self-describe (please specify) _____ |
| <input type="checkbox"/> Prefer not to answer | |

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FULL CONVENTION REGISTRATION	Early Bird (through 01/11/24)	Advanced (01/11/24- 02/25/24)	Regular/On-Site (February 26- March 15)
Non-Member (includes one-year SHAPE America Basic membership) *	\$650*	\$730*	\$780*
Student Non-Member (includes one-year SHAPE America Student membership) **	\$240**	\$265**	\$275**
SHAPE America Basic or Institutional Professional Member*	\$650*	\$730*	\$780*
SHAPE America Select & Premier Professional, HMM Professional Member, Host State	\$450	\$510	\$545
SHAPE America Life Member	\$450	\$510	\$545
SHAPE America Collegial State Member	\$450	\$510	\$545
SHAPE America Student or Collegial State Student Member	\$180	\$205	\$220
SHAPE America Emeritus Member	\$225	\$255	\$275
SHAPE America Retired Member±	\$225	\$255	\$275

SUBTOTAL

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

ONE DAY REGISTRATION	Tuesday – Saturday
<i>Indicate day of attendance:</i>	_____
Non-Member	\$390
Student Non-Member	\$215
SHAPE America Basic or Institutional Professional Member	\$390
SHAPE America Select or Premier Professional, Life, HMM Professional Member	\$275
SHAPE America Collegial State Member	\$275
SHAPE America Retired or Emeritus Member	\$195
SHAPE America Student or Collegial Student Member	\$155

REGISTRATION _____
(Transfer to Page 4)

*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-onsite 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.


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<p>Convention T-shirt \$30</p> 	<p>Convention T-shirt \$30 <i>(Indicate quantity for each size)</i></p> <p>Small _____</p> <p>Medium _____</p> <p>Large _____</p> <p>X-Large _____</p> <p>XX-Large _____</p> <p>XXX-Large _____</p>	<p>Registration Subtotal <i>(U.S. Funds Only)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Registration Fee</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td>Convention T-shirt(s) (quantity x \$30)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Subtotal (Transfer Subtotal to page 4)</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Registration Fee	\$ _____	Convention T-shirt(s) (quantity x \$30)	\$ _____	Subtotal (Transfer Subtotal to page 4)	\$ _____
Registration Fee	\$ _____							
Convention T-shirt(s) (quantity x \$30)	\$ _____							
Subtotal (Transfer Subtotal to page 4)	\$ _____							

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.

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

SUBTOTAL FEES \$ _____
(Transfer to Page 4)

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.

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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/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 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

PARENT OR GUARDIAN

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

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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* 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+