

**Early-Bird
Deadline:
May 11, 2018**

CONTACT/BADGE INFORMATION:

First Name: _____ Last Name: _____ Title: _____
 Badge Name: _____ Organization/City/State: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Special attendance needs as specified by the American Disabilities Act

REGISTRATION TYPE:

	Early Bird (by 5/11/18)	Regular and On Site
SHAPE America Member	Professional <input type="checkbox"/> \$150	<input type="checkbox"/> \$190
	Student <input type="checkbox"/> \$75	<input type="checkbox"/> \$100
	Retired <input type="checkbox"/> \$75	<input type="checkbox"/> \$100
SHAPE Idaho Member (Professional and Student registration fee includes a one-year SHAPE America Basic Online Professional Membership or Student Membership.)	Professional <input type="checkbox"/> \$185	<input type="checkbox"/> \$225
	Student <input type="checkbox"/> \$110	<input type="checkbox"/> \$135
	Retired <input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Non-Member (Registration fee includes a one-year SHAPE America Basic Online Professional Membership or Student Membership.)	Professional <input type="checkbox"/> \$230	<input type="checkbox"/> \$270
	Student <input type="checkbox"/> \$135	<input type="checkbox"/> \$160

All conference registrations include a box lunch on Tuesday, June 26.

CECH: Continuing Education Contact Hours for CHES/MCHES

- CECH registration for **current** SHAPE America member @ \$10
- CECH registration for SHAPE Idaho member or non-member @ \$15

PAYMENT: Send completed form, including payment, to: SHAPE America, 1900 Association Drive, Reston, VA 20191 or FAX to 703-476-9527

U.S. Check # _____ (Payable to SHAPE America)
 Purchase Order # _____ (Attach copy of PO)
 Credit Card Number: _____ American Express MasterCard Visa
 Expiration Date (MM/YY): _____
 Name as it appears on credit card: _____ **TOTAL PAYMENT** _____

Cancellation Policy: All cancellations must be received by email to pgrimard@shapeamerica.org at least 14 days prior to the start of the event. A \$25 processing fee applies to all cancellations. After that date NO REFUNDS will be made.

Waiver: I agree and acknowledge that I am undertaking participation in the SHAPE America Event and activities 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. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in the SHAPE America Event and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

SHAPE America plans to take photographs at the Event and reproduce them in educational news or promotional material for print, electronic or other media, including the website. I grant SHAPE America the right to use any image, photograph and biography for such purposes. All postings become the property of SHAPE America. Postings may be displayed, distributed, or used by SHAPE America for any purpose.

I accept these terms. THIS BOX MUST BE CHECKED FOR REGISTRATION TO BE COMPLETE.