

SHAPE America Eastern District Conference

January 28-30, 2018 - Burlington, VT

SHAPE America Member #:

Early-Bird Deadline:
December 15, 2017

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

FULL CONFERENCE RATES

ONE-DAY RATES

REGISTRATION FEES:

All rates include a printed program book.

Early Bird (by 12/15/17)

Regular/On Site

Early Bird (by 12/15/17)

Regular/On Site

SHAPE America Member

Professional \$135
Student \$ 85
Retired \$ 85

\$165
 \$105
 \$105

\$ 95
 \$ 65
 \$ 65

\$115
 \$ 85
 \$ 85

SHAPE Vermont Member

(Professional and Student registration fee includes a one-year SHAPE America Basic Online Professional Membership or Student Membership.)

Professional \$170
Student \$120
Retired \$ 85

\$200
 \$140
 \$105

\$130
 \$100
 \$ 65

\$150
 \$120
 \$ 85

Non-Member

(Registration fee includes a one-year SHAPE America Basic Online Professional Membership or Student Membership.)

Professional \$214
Student \$144

\$244
 \$164

\$174
 \$124

\$194
 \$144

AWARDS RECEPTION

Sunday, January 28 from 5:30-7:30 p.m.
(Reception tickets cannot be purchased on site.)

Number of tickets: _____ @ \$25 per ticket = _____

I wish to purchase one extra ticket for a student @ \$25.

Awards Reception Total
\$ _____

CECH: Continuing Education Contact Hours for CHES/MCHES

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

PAYMENT:

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

Purchase Order # (Attach copy of PO)

Credit Card Number:

Expiration Date (MM/YY):

American Express MasterCard Visa

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.**

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

Office Use: Deposit Date: _____ Check Date: _____ Check #: _____ Amt: _____ EDA18