

2027 SHAPE American National Convention & Expo Registration Form

Last Name: _____ First Name: _____

Institution: _____ Full Name (as it should appear on badge): _____

Select your identifying pronouns:

☐ he; him; his; himself ☐ she; her hers; herself ☐ they; them; their; theirs; themselves ☐ Please ask me about my pronouns.

To help us better serve you, please select your interest areas (select all that apply):

- | | | | |
|---|--|---|---|
| ☐ Adapted Physical Activity | ☐ Aging/Adult Development | ☐ Coaching | ☐ Dance |
| ☐ Early Childhood | ☐ Exercise/Sport Science | ☐ Fundraising | ☐ Health Education |
| ☐ Health Education Teacher Education | ☐ Kinesiology | ☐ Leisure/Recreation | ☐ Physical Education |
| ☐ Nutrition | ☐ Pedagogy | ☐ Physical Activity | ☐ Physical Fitness |
| ☐ Physical Education Teacher Education | ☐ Physical Fitness | ☐ Other | |
| ☐ Safety | ☐ Sports Management | | |

Address:

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Phone: _____

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

SHAPE America Member?: ☐ Yes ☐ No

Class Information (Students Only):

College/University: _____

Professor's Name: _____

Professor's Email: _____

Demographic Information

Gender

- ☐ Female ☐ Male ☐ Non-binary/third gender
☐ Prefer to self-describe (please specify) _____ ☐ Prefer not to answer

Race/Ethnicity

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

Please select the Special Interest Groups (SIGs) you wish to join:

- | | |
|---|--|
| ☐ Adapted Physical Education & Physical Activity | ☐ Adapted Physical Education & Physical Activity |
| ☐ College and University: Curriculum & Instruction | ☐ College and University: Instructional PA Programs |
| ☐ CSPAP Research | ☐ Education-Based Employee Wellness |
| ☐ Health and PE State and District Administrators | ☐ Measurement & Evaluation |
| ☐ Motor Behavior | ☐ National Board Certified Teachers |
| ☐ Retiree | ☐ Students |

REGISTRATION RATES

Full Convention Registration

Member/Non-Member Type	Early-Bird Rates (Through January 27)	Regular Rates (January 28–April 6)	On-Site Rates (April 7-10)
SHAPE America Professional Member (Premier, Select, Retired, Life)	\$329	\$429	\$479
SHAPE America Student Member	\$129	\$169	\$199
SHAPE America Basic Professional Member <i>Includes a complimentary one-year Basic Professional membership in SHAPE America</i>	\$519	\$619	\$699
Non-Member Professional <i>Includes a complimentary one-year Basic Professional membership in SHAPE America</i>	\$519	\$619	\$699
SHAPE America Institutional Member	\$519	\$619	\$699
Non-Member Student* <i>Includes a complimentary one-year Student membership in SHAPE America.</i>	\$189	\$229	\$259
Select Bundle Offer: Basic Professional members and non-members save by bundling full convention registration with a one-year SHAPE America Select Professional membership! This offer is only available through January 27.	\$436		

*Non-member 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.



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April 7-10 | #SHAPECharlotte

One-Day Registration(Select day: Thursday-Saturday/April 8-10)

Member/Non-Member Type	Early-Bird Rates (Through January 27)	Regular Rates (January 28-April 6)	On-Site Rates (April 7-10)
SHAPE America Professional Member (Premier, Select, Retired, Life)	\$179	\$179	\$179
SHAPE America Student Member	\$74	\$74	\$74
SHAPE America Basic Professional Member	\$269	\$269	\$269
Non-Member Professional	\$269	\$269	\$269
SHAPE America Institutional Member	\$269	\$269	\$269
Non-Member Student*	\$99	\$99	\$99

**Non-member 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.*

REGISTRATION SUBTOTAL _____

(Transfer to Page 5)

CONVENTION T-SHIRT

Convention T-shirt: \$30	Quantity (Indicate quantity for each size)	Subtotal (U.S. Funds Only)	
	Small _____	Convention T-shirt(s) (quantity x \$30)	\$ _____
	Medium _____		
	Large _____		
	X-Large _____		
	XX-Large _____		
	XXX-Large _____		
	XXXX-Large _____	T-SHIRT SUBTOTAL	\$ _____
		(Transfer Subtotal to page 5)	

TICKETED EVENTS

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.				
Ticket Quantity	Title	Date	Time	Fee
	CECH: Continuing Education Contact Hours for CHES/MCHES	N/A	N/A	M: \$30 / NM: \$35
	SACH: SHAPE America Contact Hours	N/A	N/A	M: \$30 / NM: \$35
	Graduate Credit From the University of Mount Union (1 credit)	N/A	N/A	M: \$199 / NM: \$199
	Graduate Credit From the University of Mount Union (2 credits)	N/A	N/A	M: \$349 / NM: \$349
	A Primer for Teaching a Skills-Based Approach in Health Education	4/7/2027	12:30 p.m. - 3:30 p.m.	M: \$75 NM: 85
	Goal Setting in PE	4/7/2027	12:30 p.m. - 3:30 p.m.	M: \$75 / NM: 85
TICKETED EVENTS SUBTOTAL (Transfer Subtotal to page 5)				\$ _____



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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:

Please provide an emergency contact:

Name: _____

Phone: _____

Email: _____

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 27, 2027, to obtain the early bird rate.** From January 28 on, registrations will be processed at the regular/on-site rate.

Registration Subtotal (from page 3) \$ _____

T-Shirt Subtotal (from page 3) \$ _____

Ticketed Events Subtotal (from page 4) \$ _____

TOTAL PAYMENT (US Funds only) \$ _____

Select Payment Method

Credit:

☐ VISA ☐ MC ☐ AMEX

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 April 5). All invoices will be e-mailed directly to your Accounts Payable Department instead of being mailed.



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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 April 5, 2027. After April 5, submit at on-site registration counters.

ATTN: SHAPE America PO Box 225, Annapolis Junction, MD 20701
or email: registration@shapeamerica.org

Substitution Policy:

- **On or before April 1, 2027:** A written substitution request must be emailed to registration@shapeamerica.org along with a copy of your confirmation and information regarding your substitute (name and email)
- **After April 1:** Your substitute can bring your original confirmation onsite 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.

EVENT POLICIES AND WAIVERS

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](#) while participating in activities associated with SHAPE America's National Convention.

The registration process cannot be completed until this cancellation policy/waiver is accepted by the registrant.

CANCELLATION POLICY

- Cancellations must be submitted in writing to customer service and received by **April 1, 2027**
- Convention registration cancellations received on or before **February 15, 2027** will be assessed a \$50 processing fee.
- Convention registration cancellations received between **February 15 – April 1, 2027** will be assessed a 50% processing fee.
- Refunds will not be granted for convention registration or ticketed event cancellations after **April 1, 2027**; 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.**

WAIVER

I acknowledge that I am voluntarily participating in events and activities offered in connection with the 2027 SHAPE America National Convention & Expo (collectively, the “Events”). I understand that participation in certain Events may involve the risk of physical injury, illness, death, property damage, or other loss, and I knowingly and voluntarily assume those risks.

In consideration of being permitted to participate in the Events, I, on behalf of myself and my heirs, representatives, successors, and assigns, release, waive, discharge, indemnify, and hold harmless the Society of Health and Physical Educators (“SHAPE America”); its subsidiaries and affiliated organizations; and their respective officers, directors, agents, employees, representatives, successors, assigns, and insurers (collectively, the “Released Parties”) from any claims, liabilities, damages, demands, suits, or causes of action arising from or related to my participation in the Events, including claims involving injury, illness, death, property damage, or other loss.

TO THE FULLEST EXTENT PERMITTED BY LAW, THIS RELEASE OF LIABILITY APPLIES EVEN IF THE INJURY, DEATH, DAMAGE, OR OTHER LOSS RESULTS FROM THE ORDINARY NEGLIGENCE OF A RELEASED PARTY.

Registration Substitutions

I agree not to permit another person to participate using my registration unless SHAPE America has authorized the substitution through its established Substitution Policy.

Photography and Recording

I understand that SHAPE America or its authorized representatives may photograph, record, or otherwise capture images or footage during the Events. I authorize SHAPE America to use my name, image, likeness, voice, and appearance in educational, informational, news, fundraising, advertising, or promotional materials in print, electronic, digital, or other media.

I agree not to photograph, livestream, or make audio, video, or screen recordings of any presentation or session unless expressly permitted by SHAPE America and the presenter.

Attendee Directory

I understand that the following information may be included in the Convention attendee directory available through the Convention app and the Exchange online community: name, organization, city, and state.

Registrants Under Age 18

Registrants under 18 years of age must register using the designated registration form and obtain the signature of a parent or legal guardian on the applicable cancellation policy, assumption-of-risk agreement, and liability waiver. Completed forms and payment must be submitted according to the instructions provided on 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:	_____	Date:	_____
Signature:	_____	Signature:	_____
Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____

SURVEY

(*This symbol indicates a required response)

*** Which best describes your area of employment?**

- ☐ Elementary School ☐ Middle School ☐ High School ☐ College/University
☐ K-12 District Level ☐ Business/ Industry ☐ Early Childhood ☐ Government
☐ Non-Profit ☐ After School/Recreation ☐ Retired ☐ Student
☐ Community Setting ☐ Consultant ☐ Hospital Clinic ☐ Other

*** How did you first hear about the SHAPE America National Convention & Expo (check one)?**

- ☐ E-mail ☐ Website ☐ Direct Mail ☐ Social Media ☐ Word of Mouth ☐ Other: _____

*** 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

What month does your annual budget development 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+