

2024 CAHPERD State Conference Pre-Registration Form

Hyatt Regency Orange County Garden Grove | February 1-3, 2024

Current Member: Yes _____ Exp. Date _____ No

Name _____

Pre-registrations will not be processed after December 22. After this date, all registrations will take place on-site.

Employer _____

Campus/School Name _____

Home/ Cell Phone _____ Area(s) of Interest (Health, Elem PE, Sec PE, Rec, Dance, Athletics, Higher Ed, Leadership/Admin, Diversity, Retired, Future Professional, and/or Adapted PE)

Home Mailing Address _____

Email (Please use something other than district email, sometimes this blocks outside emails) _____

City/State/Zip _____

Special Needs (dietary or physical requiring special accommodations) _____

ATTENDEE REGISTRATION FEES <small>*Non-Member rates include a 1-year membership</small>	EARLY BIRD October 31, 2023	PRE-REG December 22, 2023	On-site REG At the conference	Weekend Only Noon Fri-Sat Pre-Reg / On-Site	OTHER FEES Indicate quantity on the line provided
Professional CAHPERD Member <small>(Membership expires 2/31/24 or later)</small>	<input type="checkbox"/> \$260	<input type="checkbox"/> \$280	<input type="checkbox"/> \$295	<input type="checkbox"/> \$185/ \$200	<input type="checkbox"/> Printed Conf. Program...\$15
Professional CAHPERD Member* Renew or New <small>*with membership renewal or new membership (includes 1 year membership \$95)</small>	<input type="checkbox"/> \$355	<input type="checkbox"/> \$375	<input type="checkbox"/> \$390	<input type="checkbox"/> \$280 / \$295	<input type="checkbox"/> Welcome Social Ticket....NC
Professional Non-Member (Doesn't include membership)	<input type="checkbox"/> \$405	<input type="checkbox"/> \$405	<input type="checkbox"/> \$425	<input type="checkbox"/> \$270/ \$285	<input type="checkbox"/> Friday Exhibit CoffeeNC
Student / Future Professional CAHPERD Member - Full time student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$80	<input type="checkbox"/> \$85	<input type="checkbox"/> \$50 / \$60	<input type="checkbox"/> Awards Celebration.....\$35
Student Non-Member* or Renewing <small>Full time student (includes \$30 membership fee)</small>	<input type="checkbox"/> \$105	<input type="checkbox"/> \$110	<input type="checkbox"/> \$115	<input type="checkbox"/> \$80/ \$90	<input type="checkbox"/> US Soccer Found. Clinic..NC <small>(Pre-reg Only)</small>
Retired Member	<input type="checkbox"/> \$130	<input type="checkbox"/> \$137	<input type="checkbox"/> \$145	<input type="checkbox"/> \$80 / \$100	
Retired Renewing (\$47.50 membership fee)	<input type="checkbox"/> \$177.50	<input type="checkbox"/> \$184.50	<input type="checkbox"/> \$192.50	<input type="checkbox"/> \$104.50 / \$124.50	
Emeritus Member	<input type="checkbox"/> NC	<input type="checkbox"/> NC	<input type="checkbox"/> NC		
					\$

By registering for this conference, I hold harmless CAHPERD, the Hyatt Regency Orange County staff, and the attendees participating in the conference for any and all liability damages that may stem as a result of participating in this conference. I understand that CAHPERD and the Hyatt Regency Orange County assumes no liability for loss or damage to any person or property.

Cancellation/Refund Policy: Cancellations must be made in writing and be received no later than January 1, 2024. Cancellations may be mailed to the office or by email. All Cancellations are subject to a \$25 processing fee. NO REFUNDS or CHANGES will be granted after January 1. Membership and Meals are non-transferable and non-refundable. Cancellation refunds will be issued within 4-6 weeks after the conference.

Parents: Because of legal liability and the concerns of other professionals, children are not allowed at the conference unless they are part of a scheduled program or activity.

MAIL, FAX, SCAN OR REGISTER ONLINE

Mail to:
CAHPERD
1501 El Camino Ave. Ste. 3
Sacramento, CA 95815
Fax to: 916-922-0133
(Do not fax registration forms if paying by check)

Register Online:
CAHPERD.org
Scan to:
reception@cahperd.org
Questions?
Call 916-922-3596

PAYMENT INFORMATION

Check enclosed payable to CAHPERD

Check Number _____ \$ _____ Amount

Charge \$ _____ to: _____
Amount

Email for CC receipt _____

Card Number _____ Exp. Date _____

Signature _____

Purchase Order Enclosed: # _____

IF PAYING WITH A SCHOOL PURCHASE ORDER: Individual registration forms for each attendee must be attached to all school purchase orders. All checks sent to the CAHPERD Office by a school district must attach copies of *each* attendee's registration form.

- Original/Copy of original PO required.
- Requisitions for POs are NOT accepted as payment.