

WORKSHOP REGISTRATION FORM

OUTDOOR EDUCATION WORKSHOP | October 16, 2010
Texas A&M University - Commerce | Commerce, Texas

Name _____

Current Member: Yes No

Member ID # _____ Exp. Date _____

ISD/University/Other Employer _____

**ATTENDEES WHO WISH TO RECEIVE PDC/CPE CREDIT
MUST BE CURRENT TAHPERD OR TOEA MEMBER.**

Campus/School Name _____

Home Mailing Address _____

Work Phone _____ Home Phone _____ Cell _____

City/State/Zip _____

Email _____

PROFESSIONAL MEMBERS ONLY

Instructions: Please use the corresponding numbers in the columns below to select the best description in each category.

PRIMARY Job Description: _____ SECONDARY Interest: _____

Classification: _____ Highest Degree Completed: _____

Primary Interest: _____

PRIMARY Job Description: (choose one)

1. Teacher/Professor
2. Athletic Coach
3. Athletic Trainer/Sports Medicine
4. Administrator
5. Teacher's Aide
6. Recreation/Parks Staff
7. Hospital/Clinic Staff
8. Private/Volunteer Agency
9. Corporate/Private Fitness
10. Other

Classification: (choose one)

1. Elementary
2. Middle School
3. Secondary
4. Community/Junior College
5. College/University
6. Government Office/Agency
7. Recreation/Parks
8. Other

PRIMARY Interest: (choose one)

1. Physical Education
2. Athletics
3. Research
4. Dance
5. Recreation
6. Health
7. Adapted/Special Programs
8. Administration
9. Other

SECONDARY Interest: (choose one)

1. Physical Education
2. Athletics
3. Research
4. Dance
5. Recreation
6. Health
7. Adapted/Special Programs
8. Administration
9. Other

Please Check All the Boxes that Apply:

- My school has a School Health Advisory Council (SHAC)
- My SHAC meets on a regular basis
- I coordinate a Hoops for Heart event
- I coordinate a Jump Rope for Heart event
- I am a Physical Education Coordinator or similar Administrator
- I am a college majors club sponsor

Cancellation Policy: Cancellations must be made in writing and postmarked no later than **5 days prior to the workshop**. Send requests to the TAHPERD State Office. All cancellations are subject to a **25% processing fee. NO CANCELLATIONS** will be accepted **after 5 days prior to the workshop**.

Highest Degree Completed:

1. Bachelors
2. Masters
3. Doctorate

REGISTRATION FEE

- Workshop Registration Fee \$ 25
- Student Workshop Registration Fee \$ 15

(You must be a current TAHPERD member to receive PDC/CPE credit.)

TAHPERD MEMBERSHIP OPTIONS

- Professional Membership (1-Year) (Certified Teachers and Professionals) \$ 60
- 5-Year Professional Membership \$ 261
- Associate Membership (Non-Certified Teachers and Personnel) \$ 50
- Student-to-Professional Membership (2-Year) \$ 60
- Student Membership (Student MUST be a FULL-TIME student) \$ 20
- Retired Membership \$ 20 (Contact TAHPERD State Office for eligibility criteria.)

PAYMENT INFORMATION

- Check enclosed payable to: TAHPERD

Check Number: _____ Amount: _____

Credit Card: MasterCard Visa Discover AMEX

Credit Card#: _____

Exp. Date: _____

Signature: _____

Mail or fax your completed form to TAHPERD:
7910 Cameron Road | Austin, Texas 78754
Fax: 512.459.1290 (Do not fax reg form if paying by check.)

Questions? Call the TAHPERD State Office 512.459.1299