

2010 OAHPERD State Conference

Registration Form

OCTOBER 8, 2010

Location: West Salem High School (Salem, OR)

(Directions to the school are on the website www.oahperd.com)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____ Fax Number: _____

School Year Email: _____

Summer Email: _____

University (attending as full-time student) _____

Conference Fees

Member Type	Pre-Registration	On-Site Registration
Professional	\$85.00	\$100.00
Student (full-time)	\$25.00	\$35.00
Retired	\$25.00	\$35.00
Honorary Life	Complimentary	\$55.00
Presenter (1 Session)	\$65.00	\$80.00
Presenter (2 Sessions)	\$45.00	\$60.00
Advocacy Donation	\$5.00	\$5.00
Extra Assn Check	\$5.00	\$5.00

Conference attendees are automatic OAHPERD members from October 1, 2010 – September 30, 2011
MEMBERSHIP includes three Journals. Winter and Spring are E-Journals located at our website and
Conference Journal mailed by September 1, 2010. www.oahperd.com

Student Members: Check **ONE** Association

Professional Members: Check **TWO** Associations

You may check one Association twice. This determines the portion of your dues that each Association receives.

ADD \$5.00 for a third Association

1 st	2 nd	
_____	_____	OAAS (Athletics & Sport)
_____	_____	OAHE (Health Education)
_____	_____	OAPE (Physical Education)
_____	_____	ODA (Dance)

Pre-Registration by September 27, 2009

Registration must be **received** by September 27th for pre-registration fee amounts

(Visa / MC) complete credit card information here:

Credit card number: _____ Expiration Date: _____

____ Visa ____ MC Signature: _____

Make Checks payable to OAHPERD

Please mail this form with your payment to:

OAHPERD Conference
P.O. Box 143
Lostline, OR 97857