

“Maximize Your Mind, Move To Improve” OCTOBER 8, 2010

2010 OAHPERD State Conference Registration Form

Location: West Salem High School* Salem, OR

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 (Circle those being purchased)

Member Type	Pre-Reg	On-Site	Member Type	Pre-Reg	On-Site
Professional	\$85	\$100	Presenter (1 Session)	\$65	\$80
Student (full-time)	\$25	\$35	Presenter (2 Sessions)	\$45	\$60
Retired	\$25	\$35	Advocacy Donation	\$5	\$5
Honorary Life	Complimentary	\$55	Admin. & Classroom Teacher <i>Keynote only</i>	----	\$20
Extra Assoc Check	\$5	\$5	Brain Rules Book	\$13	\$15

Conference attendees are automatic OAHPERD members from October 1, 2010 – September 30, 2011

MEMBERSHIP includes three Journals. E-journals and mailed journal in the fall.

Student Members: Check **ONE** Association Professional Members: Check **TWO** Associations
 You may check one Association twice. This determines the portion of dues each Association receives. **ADD \$5.00 for a third Association**

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

GO ON LINE TO REGISTER (www.oahperd.com)

OR

Make Checks payable to OAHPERD mail this form with your payment to:
(OAHPERD, PO Box 143, Lostine, OR 97857) FAX: 541-569-2015

OR

Card #: _____ **Expiration Date** _____

Signature: _____

Questions??? 541-569-2025