

2026 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.

Job Title (check only one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Athletic Trainer/Sports Medicine | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Dance Educator | <input type="checkbox"/> Exercise/Fitness Instructor | <input type="checkbox"/> Health Ed Teacher |
| <input type="checkbox"/> Intramural Sports Director | <input type="checkbox"/> PE Teacher (no Health) | <input type="checkbox"/> PE/Health Ed Teacher | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Program Director/Agency | <input type="checkbox"/> Researcher | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Teacher (not PE or Health only) | <input type="checkbox"/> Teacher/Coach (not PE or Health only) | |

Address:

Address: _____ City: _____

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

E-mail (use personal e-mail to ensure receipt): _____ SHAPE America Member?: Yes No

I will be presenting a session at the 2026 SHAPE America National Convention & Expo: 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

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

REGISTRATION RATES

#SHAPEKC Full Convention Registration	Early Bird Register by January 28 AND book in the SHAPE America hotel block	Regular Register without hotel block booking OR register after January 28
Premier/Select/Collegial Professional Members	\$450	\$565
Retired/Emeritus Members ±		
Student/Collegial Student Members	\$180	\$240
Basic Professional Members <i>Includes a complimentary one-year Basic Professional membership in SHAPE America.</i>	\$650	\$800
Institutional Members		
Non-Member Professionals <i>Includes a complimentary one-year Basic Professional membership in SHAPE America.</i>		
Non-Member Students*	\$240	\$300
Non-Member Bundle: <i>SAVE 10% when you bundle full convention registration with a SHAPE America Select membership.**</i>	\$585	Note: These offers are only available during early-bird registration.
Basic Member Bundle: <i>SAVE 10% when you bundle full convention registration with a SHAPE America Select membership.**</i>		

We know that attending convention involves juggling schedules, travel and budgets — and we want to make it as straightforward as possible. This year, we’re introducing a registration structure that gives exclusive early-bird savings to attendees who register and book through our official hotel block by January 28.

Exceptions:

1. **Local attendees:** Early-bird rate available without official hotel block booking requirement (within 75 miles).
2. ****Students:** Early-bird rate available without official hotel block booking requirement.

Can't join us for the full convention? Pick the date that works best for you (select one day only):

ONE DAY REGISTRATION	Tuesday – Friday
Indicate day of attendance: _____	
Non-Member	\$400
Student Non-Member	\$225
SHAPE America Basic or Institutional Professional Member	\$400
SHAPE America Select or Premier Professional, Life, HMM Professional Member	\$300
SHAPE America Collegial State Member	\$300
SHAPE America Retired or Emeritus, Member	\$300
SHAPE America Student or Collegial Student Member	\$155

REGISTRATION SUBTOTAL _____

(Transfer to Page 5)

*Includes a complimentary one-year Basic Professional membership in SHAPE America.


** Nonmember 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. Full registration includes a complimentary one-year Student membership in SHAPE America.

±The Retired rate is available to individuals with 20+ years of professional membership in SHAPE America who are retired from full-time teaching. Call member services at 800-213-7193 to confirm eligibility.

Please note that there is no on-site registration on Saturday, March 21.

The 2026 SHAPE America National Convention & Expo is a "paper-light" event. No program book or printed handouts will be distributed at the convention. All education sessions and programming materials, including session evaluations, will be available on the SHAPE America website and the convention mobile app.

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 _____	T-SHIRT SUBTOTAL (Transfer Subtotal to page 5)	\$ _____
	X-Large _____		
	XX-Large _____		
	XXX-Large _____		

TICKETED EVENTS

<p>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.</p> <p>Fee Symbols: M – Member; NM – Non-Member</p> <p>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.</p>				
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
	Implementing the New National Health Education Standards Workshop	3/21/2026	8:00 a.m. - 12:00 p.m.	M: \$75 NM: 85
	Implementing the New National Physical Education Standards Workshop	3/21/2026	8:00 a.m. - 12:00 p.m.	M: \$75 / NM: 85
	Health Related Fitness in Physical Education – A Physical Best Workshop	3/21/2026	8:00 a.m. - 12:00 p.m.	M: \$75 / NM: 85
	Pre-Convention NFL Flag-In-School Training	3/16/2026	1:00 – 4:00 p.m.	\$0
	Pre-Convention Soccer for Success Training	3/16/2026	1:00 – 4:00 p.m.	\$0
TICKETED EVENTS SUBTOTAL (Transfer Subtotal to page 5)				\$ _____

SPECIAL ACCOMODATIONS

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: _____

SUBSTITUTION POLICY

- **On or before March 6, 2026** A written substitution request must be emailed to shapeamerica@maritz.com along with a copy of your confirmation and a completed registration form for your substitute.
- **After March 6:** 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 **March 6, 2026**.
- Convention registration cancellations received on or before **January 28, 2026** will be assessed a \$50 processing fee.
- Convention registration cancellations received between **January 29 - March 6, 2026** will be assessed a 50% processing fee.
- Refunds will not be granted for convention registration or ticketed event cancellations after **March 6, 2026**; 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.**
- Visit [Policies](#) for additional information regarding the substitution policy.

WAIVER

I agree and acknowledge that I am undertaking participation in the 2026 SHAPE America National Convention & Expo events and activities (Events) by my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these Events.

In consideration of being permitted to participate in these Events, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby waive all rights of subrogation and fully release, waive, discharge, indemnify, and hold harmless the Society of Health and Physical Educators (SHAPE America) and its subsidiary and affiliated organizations, its officers, directors, agents, employees and representatives, successors and assigns (be they individuals or organizations, singly and collectively), together with their insurers ("Releases"), from any and all claims, liabilities, damages, demands, suits or causes of action, which are in any way connected with my participation in the Events, including for any injury, damage, death, or other loss. THIS RELEASE OF LIABILITY IS EFFECTIVE AND VALID REGARDLESS OF WHETHER THE INJURY, DEATH, DAMAGE, OR OTHER LOSS IS A RESULT OF ANY NEGLIGENT ACT OR OMISSION ON THE PART OF RELEASEES.

I also agree not to allow any other individual to participate in my place unless authorized by SHAPE America through the substitution registration process identified above. SHAPE America may take photographs/screenshots/or video during the Events and reproduce them in SHAPE America educational, news or promotional material whether in print, electronic or other media, including the website. I authorize SHAPE America, or anyone authorized as a representative of SHAPE America, to take photographs, screenshots, and/or footage of me while I am at the Events, use my name and/or photographs/footage of me, which I have provided or are taken of me during the event period, to promote or advertise any SHAPE America fundraising program and/or event. I agree not to use any audio or video recording technology (including devices with digital camera functionality such as smartphones or tablets, and recording software, such as screen capture or similar software) during a presentation and not to record any presentation at the Events unless expressly permitted. I understand that the



following information of US attendees will also be entered into a directory available on the convention app and online in the Exchange community: name, company, city, state.

IMPORTANT: Registrants less than 18 years of age must complete a hard copy registration form and have the Cancellation Policy/Waiver signed by a parent or guardian. Submit your completed forms and payment according to the instructions on the last page of 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?**

- Agency College/University Community Setting Dance Studio
 K-12 Institution Business Industry Retired Other _____

*** Which grade level are you preparing to work, currently working, or have previously worked (if retired)?**

- Pre-School Elementary Middle High University 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

If not, do you recommend and/or influence which products and services will be purchased? Yes No

What month does your annual budget development begin? _____

What month does your fiscal year 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+