

**39<sup>th</sup> National Adapted Physical Education Conference**  
**North American Federation of Adapted Physical Activity Symposium**  
**Riverside Convention Center/Mission Inn Hotel – Riverside, CA**  
**November 4-6, 2010**

Name	Last	First
Address		
City	State	Zip
Work ( )	Home ( )	
Email		
Employer/College		CIRCLE STATUS - Professional/Paraprofessional/Student

CAHPERD Membership ID# & expiration date – required to register at member rate \_\_\_\_\_

**Early Registration Rates\*\***  
*Early Registration postmark deadline date is 10/8/10.  
Please check appropriate boxes.*

A.  Professional CAHPERD Member \$150.00  
B.  Professional Non-CAHPERD Member\* \$215.00  
C.  NAFAPA Member\* \$150.00  
D.  Speaker (must have received letter) \$ 70.00

**NOTE:** If registering in categories A, B, C or D above, **Meals are included.** Please be sure to check boxes in the column on the right to indicate which meals you will be attending. Meal tickets will not be guaranteed if boxes are not checked.

E.  Paraprofessional \$35.00  
*Must include letter from superintendent with registration.*  
F.  Retired CAHPERD Member \$25.00  
G.  Student CAHPERD Member \$25.00  
H.  Student Non-CAHPERD Member \$35.00

**NOTE:** If registering in categories E, F, G, H, fee includes program only. **Meals can be purchased by checking selection below in J.**

I.  Syllabus on-line Complimentary  
J.  Meals \$70.00  
*Please be sure to check boxes in the column to the right to indicate which meals you will be attending. Meal tickets will not be guaranteed if boxes are not checked.*

**Registration Total** \$ \_\_\_\_\_  
*Early Registration postmark deadline date is 10/8/10.*

**HOTEL INFORMATION: MISSION INN AT RIVERSIDE, CA**  
**www.missioninn.com**  
**951-784-0300 or 800-843-7755**  
**Group Code: ADPAT**

**Check Meal Functions you will attend:**

Friday Luncheon  
 Saturday Awards Luncheon  
 Vegetarian meals requested

**Payment Option:**  
*Made payable to SCAPE  
**If Possible Pay by Check**  
If needed, fill in credit card information below*

Credit Card #  
Credit Card Expiration Date  
Signature *(required only for credit card transactions)*

**Mail Early Registration with Payment to:**

**SCAPE**  
**Cal Poly University, Pomona**  
**Department of Kinesiology and Health Promotion**  
**3801 W. Temple Ave**  
**Pomona, CA 91768**

*Early Registration postmark deadline date is 10/8/10.\*\*  
After 10/8/08 registration is only available on-site.*

**Special Need Accommodations**  
 Check if reasonable special need accommodations are requested and describe \_\_\_\_\_.  
*(Must be requested by 10/8/10 to guarantee service.)*

*After 10/8/10 registration is only available on-site.*

\*CAHPERD member registration rates may be obtained for non-members if CAHPERD membership is paid at the time of conference registration. Membership applications are available at CAHPERD by telephone, (916) 922-3596 or join online at www.cahperd.org.

\*\*All forms for Early Registration must be submitted with payment (check or Visa/MasterCard) and postmarked or faxed by **10/8/10**. Registrations by Visa/MasterCard or PO may be sent by fax to (909) 869 4797 and must be received by **10/8/10**. If you are unable to meet this postmarked deadline, registration is only available on-site. No exceptions. On-site registration rates will be \$65 higher in all categories, EXCEPT Retired and Student. On-site registration does NOT guarantee meals.