

**“Educating the Complete Child through Active and Healthy Schools”
MNAHPERD FALL CONFERENCE REGISTRATION FORM
OCTOBER 26th – 27th, 2008**

Arrowwood Resort & Conference Center

2100 Arrowwood Lane NW, Alexandria, MN 56308
Phone: 320-762-1124 Fax: 320-762-0133
1-866-386-5263 (Toll Free)
www.arrowwoodresort.com
(Call Arrowwood for hotel reservation)

Please Note: Purchase Orders will NOT be accepted. All registration & membership fees must be paid in full by conference day.

**Postmark Deadline for Advanced Registration is Friday, September 26th, 2008
Hotel Reservations are due before Wednesday, September 24th, 2008**

Please Type or Print Clearly

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ (O) _____ Email _____

School/State _____

MNAHPERD Membership Number _____ Date of Expiration _____

Cancellation Policy: All pre-registration cancellations must be requested in writing before Friday, September 26th, 2008. A \$5.00 processing fee is assessed to all cancellations received by Friday, September 26th, 2008. Cancellations are ONLY acceptable by Fax. No refunds will be made after Friday, September 26th, 2008. Please fax your Cancellation Request to Human Kinetics, Attention: Jackie Moore at (217) 351-1549 (secure fax).

REGISTRATION (Check one)	Advanced (Before 09/26/08)	On-Site (After 09/26/08)	Indicate Amount:
___ Professional MNAHPERD Member	\$ 95.00	\$120.00	_____
___ Associate MNAHPERD Member	\$95.00	\$120.00	_____
___ Professional Other State Member	\$ 95.00	\$120.00	_____
___ Student Professional Member	\$ 40.00	\$ 55.00	_____
___ Retirees	\$ 30.00	\$ 30.00	_____
___ Lifetime Member	No charge	No charge	_____

MNAHPERD AWARDS BANQUET

Sunday, October 26th, 2008, Arrowwood Resort # _____ @ \$28.00

Banquet Ticket Cost After September 26th, 2008 # _____ @ \$30.00

If you wish a vegetarian meal please place number in space provided # _____

Payment Method (Please Check One) Personal Check _____ School Check _____ Company Check _____ Money Order _____ Other _____ Total Amount Enclosed _____	** Credit Card Payment: American Express _____ Mastercard _____ Visa _____ Card #: _____ Expiration Date: _____ Name on Card: _____ Signature: _____ Name you would like on badge: _____	Office Use Only Amount Received _____ Date Received _____ Received by _____ Check Number _____ Other Information: _____ _____ _____ _____
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NEW ONLINE REGISTRATION OPTION (AVAILABLE AFTER SEPTEMBER 2ND, 2008):

Please visit the MNAHPERD website to register online: www.mnahperd.org

Make checks payable to: Human Kinetics

Mail to: MNAHPERD c/o Human Kinetics, P.O. Box 5076, Champaign, IL 61825-5076,

Attn: Jackie Moore OR Send it by Fax to: (217) 351-1549 (secure fax)